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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|--|--|---|---|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Vingenzo First name J. Middle name | 1 | Denise First name M. Middle name |
| | Bring your picture identification to your meeting with the trustee. | Angelilli Last name and Suffix (Sr., Jr., II, III) | | Angelilli Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | Vince J. Angelilli | | |
| | Include your married or maiden names. | • | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6715 | 2 | xxx-xx-1167 |

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Debtor 1 Vingenzo J. Angelilli Debtor 2 Denise M. Angelilli

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 3440 N. Harlem Avenue, Apt. # 3A | If Debtor 2 lives at a different address: |
| | | Chicago, IL 60634 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Cook | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | Expiair. (366 20 0.3.0. § 1400.) | Explair. (066 20 0.0.0. 3 1400.) |

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Vingenzo J. Angelilli Debtor 1 Debtor 2 Denise M. Angelilli Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When District Case number District When Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? Yes. No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

bankruptcy petition.

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| | tor 1 Vingenzo J. Angel tor 2 Denise M. Angelill | | Cas | se number (if known) | | | | |
|--|---|------------------------|---|---|--|--|--|--|
| | | | | | | | | |
| Par | Report About Any Bu | sinesses \ | u Own as a Sole Proprietor | | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | | |
| | | ☐ Yes. | Name and location of business | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | | |
| If you have more than one sole proprietorship, use a separate sheet and attach | | | | | | | | |
| | it to this petition. | | Check the appropriate box to describe your business: | | | | | |
| | | | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | | |
| | | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § | 101(51B)) | | | | |
| | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | | |
| | | | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6 |)) | | | | |
| | | | ■ None of the above | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor? | deadlines operation | are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate nes. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ions, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure J.S.C. 1116(1)(B). | | | | | |
| | For a definition of small | ■ No. | I am not filing under Chapter 11. | | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business Code. | s debtor according to the definition in the Bankruptcy | | | | |
| | | ☐ Yes. | I am filing under Chapter 11 and I am a small business debt | tor according to the definition in the Bankruptcy Code. | | | | |
| Par | Report if You Own or | Have Any | azardous Property or Any Property That Needs Immedia | te Attention | | | | |
| 14. | Do you own or have any property that poses or is | ■ No. | | | | | | |
| | alleged to pose a threat of imminent and | ☐ Yes. | /hat is the hazard? | | | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | | | | | |
| | | | immediate attention is eeded, why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | /here is the property? | | | | | |
| | Number, Street, City, State & Zip Code | | | | | | | |

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Debtor 1 Vingenzo J. Angelilli
Debtor 2 Denise M. Angelilli
Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-13639 Doc 1 Filed 04/30/17 Entered 04/30/17 12:12:21 Desc Main Document Page 6 of 83

Vingenzo J. Angelilli Debtor 1 Debtor 2 Denise M. Angelilli Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. ☐ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 50-99 owe? **1**0.001-25.000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50.000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million **\$100.001 - \$500.000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Vingenzo J. Angelilli /s/ Denise M. Angelilli Vingenzo J. Angelilli Denise M. Angelilli Signature of Debtor 1 Signature of Debtor 2 Executed on April 30, 2017 Executed on April 30, 2017 MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 Debtor 2 | Vingenzo J. Angeli Denise M. Angelilli | | Page 7 of 83 | se number (if known) | |
|----------------------|--|---|-------------------------------|------------------------|-------------------------------|
| | | | | | |
| • | attorney, if you are ed by one | I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify t | ed States Code, and have | explained the relief a | vailable under each chapter |
| • | not represented by ey, you do not need s page. | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect. | , certify that I have no know | vledge after an inquir | y that the information in the |
| | | /s/ Joseph P. Doyle | Date | April 30, 2017 | |
| | - | Signature of Attorney for Debtor | | MM / DD / YYYY | |
| | | Joseph P. Doyle Printed name | | | |
| | | Law Office of Joseph P. Doyle LLC Firm name | | | |

joe@fightbills.com

Email address

105 S. Roselle Road, Suite 203 Schaumburg, IL 60193 Number, Street, City, State & ZIP Code

Contact phone **847-985-1100**

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| | | Docume | ent Page 8 of 83 | | |
|---------------------|--------------------------|-------------------|------------------|-------------------------------|--|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Vingenzo J. Ange | elilli | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Denise M. Angeli | IIi | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this amended filin | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

if this is an

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your as Value o | ssets of what you own |
|----|---|--------------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 9,407.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 9,407.00 |
| Pa | rt 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 3,350.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 108,142.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 234,372.00 |
| | Your total liabilities | \$ | 345,864.00 |
| Pa | rt 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 7,666.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 7,455.00 |
| Pa | rt 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal, | family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this | box and su | ubmit this form to |

Official Form 106Sum

the court with your other schedules.

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| Debtor | Denise M. Angelilli | Case number (if known) | |
|--------|---|------------------------|----|
| | om the <i>Statement of Your Current Monthly Income</i> : Co 2A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 | , , | \$ |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tot | al claim |
|--|-----|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 108,142.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 108,142.00 |

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| Difficial Form 106A/B Schedule A/B: Property 12/1 12 | | | Document | Page 10 of 83 | | |
|--|---------------------|-------------------------------------|--------------------------------|---------------------------------|-------------------------------|-------------------------|
| Debtor 2 Denise M. Angelilli First Name | Fill in this inforr | mation to identify your case a | nd this filing: | | | |
| Definite Market Name Definite Market States Bankruptcy Court for the: Morthern DISTRICT OF ILLINOIS | Debtor 1 | | Middle None | Lost Nome | | |
| Check if this is community First Name Middle Name Last Nam | Debtor 2 | | Middle Name | Last Name | | |
| Difficial Form 106A/B Schedule A/B: Property seach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where yenk; it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), issuer every question. 2011 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | Spouse, if filing) | | Middle Name | Last Name | | |
| Difficial Form 106A/B Schedule A/B: Property acchaeted the property acchaeted average and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, attech a separate sheet to this form. On the top of any delitional pages, write your name and case number (if known), isswer every question. anti: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? No. Go to Part 2. Yes. Where is the property? Approximate mileage: Jessing Approximate mileage: Jessing Approximate mileage: Jesting Debtor 1 only Current VReaffirm - Full Coverage Auto Insurance Who has an interest in the property? Check one that are property? Current value of the entire property? Approximate mileage: Jesting Debtor 1 only Debtor 2 only Debtor 1 only Current value of the entire property? Approximate mileage: Jesting Debtor 2 only Debtor 1 only Current value of the debtors and another Current value of the entire property? Current value of the entire property? The amount of any secured claims or exemptions. Property of the debtors and another Current value of the debtors and another Current value of the entire property? Po not deduct secured claims or exemptions. Propertions of the debtors and another Current value of the entire property? Current value of the entire property? The amount of any secured claims or exemptions. Propertions of the debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Current value of the entire property? Current value of the entire property? Current value of the entire property? The amount of any secured claims or exemptions. Propertions | Inited States Ba | nkruptcy Court for the: NORT | HERN DISTRICT OF ILL | INOIS | | |
| Difficial Form 106A/B Schedule A/B: Property sech category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where yink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), isswer every question. Bo you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? No. Go to Part 2. Yes. where is the property? No. Go to Part 2. Yes. where is the property? Learning the property of the property? No. Go to Part 2. No. Go to Part 2. Yes. where is the property? No. Go to Part 2. Describe Your Vehicles Who has an interest in any vehicles, whether they are registered or not? Include any vehicles you own that more one late drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No. So to Part 2. Do not deduct secured claims or exemptions. Plant the property? Check one the advice of the debtors and another Current value of the critics with Part Part Part Vehicles one the debtors and another Current value of the current value of the centre property? Year: 2002 Model: Debtor 1 only Check one Debtor 2 only C | ase number | | | | | Chack if this is ar |
| coch category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where yink if it fits best. It is as complete and accurate a possible. If two married people are fitting together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). ***nat1** Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in **Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ***In No. Go to Part 2.** **In No. | | | | | | amended filing |
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| | ■ NI- | | | | | |
| ■ Ma | | | | | | |
| ■ No □ Yes | 1 I Y AS | | | | | |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 Debtor 2 | Case 17-: Vingenzo J. Denise M. A | Angelilli | Doc 1 | Filed 04/30/17 Document | Page 11 of 83 | ' 12:12:21 | Desc Main |
|----------------------|---|--------------|---------------|---|--|--------------------|---|
| 5 Add the | dollar value of | the portion | | | om Part 2, including any er | ntries for | \$6,812.00 |
| Part 3: Des | scribe Your Perso | nal and Hou | usehold Items | s | | | |
| Do you ow | n or have any l | egal or equ | itable inter | est in any of the follow | ing items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Example ☐ No — | old goods and f es: Major applian Describe | | | nina, kitchenware | | | |
| | | | | ed household goods hair, 1 Kitchen Tabl | s and furnishings: 3 Bed e, 5 lamps | room | \$700.00 |
| □ No | es: Televisions a | | | stereo, and digital equip lia players, games | oment; computers, printers, s | canners; music co | ollections; electronic devices |
| | | 1 TV and | d 1 Tablet. | | | | \$500.00 |
| Example □ No | oles of value es: Antiques and other collection | ons, memor | | ctibles | oks, pictures, or other art obje | ects; stamp, coin, | or baseball card collections; |
| | | DOOKS, I | Pictures, a | ind CD's | | | φ123.00 |
| Example No | ent for sports ares: Sports, photo musical instru | graphic, ex | | other hobby equipment; | bicycles, pool tables, golf clul | os, skis; canoes a | and kayaks; carpentry tools; |
| ■ No | | s, shotguns, | , ammunitior | n, and related equipmen | t | | |
| □ No | | othes, furs, | leather coat | s, designer wear, shoes | , accessories | | |
| | | Wearing |) Apparel | | | | \$900.00 |
| □ No | | welry, costu | ıme jewelry, | engagement rings, wed | ding rings, heirloom jewelry, v | watches, gems, g | old, silver |

Miscellaneous Costume Jewelry

\$350.00

| | | Case 17-1 | | Doc 1 | Filed 04/30/17 Document | Entered Page 12 | d 04/30/17 12:12:2 of 83 | 1 Desc Main |
|--|--|--|--|---|---|--|--|--|
| | tor 1 tor 2 | Vingenzo J. A Denise M. An | | | | | Case number (if kno | wn) |
| | | rm animals bles: Dogs, cats, b | irds. horse | es | | | | |
| | I No | | 40, | | | | | |
| | Yes. | Describe | | | | | | |
| _ | | her personal and | househo | ld items you | u did not already list, i | ncluding any | health aids you did not lis | t |
| _ | No Yes. | Give specific info | rmation | | | | | |
| | | · | | | | | | |
| 15. | | | | | om Part 3, including a | | pages you have attached | \$2,575.00 |
| Part | 4: Dec | scribe Your Financ | ial Accatc | | | | | |
| | | | | itable intere | est in any of the follow | ing? | | Current value of the |
| | | | | | | | | portion you own? Do not deduct secured claims or exemptions. |
| | Cash | | | | | | | |
| | <i>Examp</i> I No | oles: Money you ha | ave in you | r wallet, in yo | our home, in a safe depo | osit box, and o | n hand when you file your p | etition |
| _ | _ | | | | | | | |
| | Examp | | | | al accounts; certificates of counts with the same ins | | | ge houses, and other similar |
| - 1 |] No | | | | | | | |
| | Yes | | | | Institution r | name: | | |
| | Yes | | 17.1. | | | ame: account with | n Chase | \$20.00 |
| _ | | | | traded atom | Savings a | | n Chase | \$20.00 |
| 18. I | 3onds , <i>Examp</i> | , mutual funds, o | r publicly | | Savings a | account with | | \$20.00 |
| 18. I | Bonds , <i>Examp</i> ■ No | , mutual funds, o oles: Bond funds, i | r publicly nvestment | accounts wi | Savings a | account with | | \$20.00 |
| 18. | Bonds , <i>Examp</i> I No I Yes | , mutual funds, o oles: Bond funds, i | r publicly nvestment | accounts wi | Savings a | account with | counts | <u> </u> |
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| 18. I | Bonds, Examp No Yes Non-pu joint v No Yes No | , mutual funds, o oles: Bond funds, i | r publicly nvestment In ck and in rmation ab Name rate bond | stitution or is terests in in oout them e of entity: s and other | Savings a | ney market according to the properties of the pr | counts sinesses, including an inte % of ownership: ruments and money orders. | <u> </u> |
| 18. I | Bonds, Examp No Yes Non-pu joint v No Yes No | , mutual funds, o oles: Bond funds, i | r publicly nvestment In ck and in rmation ab Name rate bond | stitution or is terests in in oout them e of entity: s and other | Savings a | ney market according to the properties of the pr | counts sinesses, including an inte % of ownership: ruments and money orders. | <u> </u> |
| 18. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | Bonds, Examp No Yes Non-pu joint v No Yes Sovern Negoti Non-ne | , mutual funds, o oles: Bond funds, i | r publicly nvestment In ck and in rmation at Name rate bond nclude per ents are the | stitution or is terests in in bout them of entity: s and other roonal check- | Savings a | ney market according to the properties of the pr | counts sinesses, including an inte % of ownership: ruments and money orders. | <u> </u> |
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| 18. I 19. I 20. (21. I | Bonds, Examp No Yes Non-pu joint v No Yes Sovern Negoti Non-ne No Yes Retiren Examp | , mutual funds, o oles: Bond funds, i ublicly traded sto enture Give specific informent and corporable instruments in egotiable instruments if egotiable instruments in eg | r publicly nvestment In ck and in rmation ab nclude per ents are the mation ab Issuel | stitution or is terests in in bout them of entity: s and other sonal checks ose you cannout them r name: , Keogh, 401 | Savings a | ney market according to the proporated businessory notes, by signing or continuous and the proporate a | sinesses, including an inte % of ownership: ruments and money orders. delivering them. | erest in an LLC, partnership, and |
| 18. I 19. I 20. (21. I | Bonds, Examp No Yes Non-pu joint v No Yes Sovern Negoti Non-ne No Yes Retiren Examp | mutual funds, o bles: Bond funds, i bles: Bond funds, i blicly traded storenture Give specific informent and corporable instruments in egotiable instruments in egotiable instruments in left. | r publicly nvestment In ck and in rmation ab nclude per ents are the mation ab Issuel | stitution or is stitution or is sterests in in cout them of entity: s and other is sonal check one you cannot them in name: , Keogh, 401 | Savings a | ney market account with ney market accounts businessory notes, by signing or constant accounts, or | sinesses, including an inte % of ownership: ruments and money orders. delivering them. | erest in an LLC, partnership, and |

Official Form 106A/B Schedule A/B: Property page 3

Case 17-13639 Doc 1 Filed 04/30/17 Entered 04/30/17 12:12:21 Desc Main Document Page 13 of 83 Debtor 1 Vingenzo J. Angelilli Debtor 2 Denise M. Angelilli Case number (if known) 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☐ No Institution name or individual: Yes. Security Deposit with landlord \$2,600.00 \$0.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Π Nο Yes. Name the insurance company of each policy and list its value.

employer - (No cash surrender value)

Company name:

Term Life Insurance policy through

\$0.00

Surrender or refund

value:

Beneficiary:

Official Form 106A/B

Case 17-13639 Doc 1 Filed 04/30/17 Entered 04/30/17 12:12:21 Desc Main Debtor 1 Debtor 2 Vingenzo J. Angelilli Denise M. Angelilli Case number (if known)

| | Life Insurance policy through over - (No cash surrender value) | \$0.00 |
|--|---|-----------------------|
| 32. Any interest in property that is du If you are the beneficiary of a living someone has died. ■ No □ Yes. Give specific information | e you from someone who has died trust, expect proceeds from a life insurance policy, or are currently entitled to rec | eive property because |
| | her or not you have filed a lawsuit or made a demand for payment disputes, insurance claims, or rights to sue | |
| 34. Other contingent and unliquidated □ No ■ Yes. Describe each claim | d claims of every nature, including counterclaims of the debtor and rights t | o set off claims |
| | Debtor has a current workers compensation claim. Attorney Karchmar & Stone, 111 W Washington St # 1030, Chicago, IL 60602. (312) 236-9744 | Unknown |
| for Part 4. Write that number her | roperty You Own or Have an Interest In. List any real estate in Part 1. | \$20.00 |
| · · · · · · · · · · · · · · · · · · · | ble interest in any business-related property? | |
| No. Go to Part 6. | inclust in any business related property. | |
| ☐ Yes. Go to line 38. | | |
| Part 6: Describe Any Farm- and Commercial If you own or have an interest in farm | cial Fishing-Related Property You Own or Have an Interest In. nland, list it in Part 1. | |
| 46. Do you own or have any legal or e | equitable interest in any farm- or commercial fishing-related property? | |
| No. Go to Part 7. | | |
| ☐ Yes. Go to line 47. | | |
| Part 7: Describe All Property You O | wn or Have an Interest in That You Did Not List Above | |
| 53. Do you have other property of any Examples: Season tickets, country | | |
| ■ No □ Yes. Give specific information | | |
| 54 Add the dollar value of all of you | r entries from Part 7. Write that number here | \$0.00 |
| OH. Add the donar value of all of you | . Charles from Fart 7. Write that humber liefe | |

Official Form 106A/B Schedule A/B: Property page 5

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Vingenzo J. Angelilli Debtor 1 Debtor 2 Denise M. Angelilli Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 56. \$6,812.00 Part 3: Total personal and household items, line 15 \$2,575.00 57. Part 4: Total financial assets, line 36 58. \$20.00 Part 5: Total business-related property, line 45 \$0.00 59. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$9,407.00 \$9,407.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$9,407.00

Official Form 106A/B Schedule A/B: Property page 6

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| | | I A A A HI III | | |
|---------------------|--------------------------|-------------------|-------------|--------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Vingenzo J. Ange | elilli | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Denise M. Angeli | IIi | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | _ 0, , , , , , |
| (if known) | | | | Check if this is a |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify t | he Pro | perty You | Claim a | s Exempt |
|---------|------------|--------|-----------|---------|----------|
|---------|------------|--------|-----------|---------|----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property Copy the value from Schedule A/B 2005 Nissan Titan 190,000 miles Current/Reaffirm - Full Coverage Auto Insurance Line from Schedule A/B: 3.1 2002 Daewoo Leganza 49,000 miles - Paid In Full - Full Coverage Auto Insurance Line from Schedule A/B: 3.2 Miscellaneous used household goods and furnishings: 3 Bedroom sets, 1 Couch, 1 Chair, 1 Kitchen Table, 5 lamps Line from Schedule A/B: 6.1 1 TV and 1 Tablet. Line from Schedule A/B: 7.1 Books, Pictures, and CD's Line from Schedule A/B: 8.1 Portion you own Copy the value from Schedule portion Schedule A/B: 2,400.00 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1001(c) 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(b) | • • • • • • | • | • | | |
|---|---|------------|-----|---|------------------------------------|
| 2005 Nissan Titan 190,000 miles Current/Reaffirm - Full Coverage Auto Insurance Line from Schedule A/B: 3.1 2002 Daewoo Leganza 49,000 miles - Paid In Full - Full Coverage Auto Insurance Line from Schedule A/B: 3.2 Miscellaneous used household goods and furnishings: 3 Bedroom sets, 1 Couch, 1 Chair, 1 Kitchen Table, 5 lamps Line from Schedule A/B: 6.1 T V and 1 Tablet. Line from Schedule A/B: 7.1 Books, Pictures, and CD's Line from Schedule A/B: 8.1 Schedule A/B: 8.1 Schedule A/B: 5,725.00 \$5,725.00 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1001(c) 735 ILCS 5/12-1001(c) 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(b) | | | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| Current/Reaffirm - Full Coverage Auto Insurance Line from Schedule A/B: 3.1 2002 Daewoo Leganza 49,000 miles - Paid In Full - Full Coverage Auto Insurance Line from Schedule A/B: 3.2 Miscellaneous used household goods and furnishings: 3 Bedroom sets, 1 Couch, 1 Chair, 1 Kitchen Table, 5 lamps Line from Schedule A/B: 7.1 1 TV and 1 Tablet. Line from Schedule A/B: 7.1 Books, Pictures, and CD's Line from Schedule A/B: 8.1 S1,087.00 \$1,087.00 \$2,400.00 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1001(b) | | | Che | eck only one box for each exemption. | |
| Auto Insurance Line from Schedule A/B: 3.1 2002 Daewoo Leganza 49,000 miles - Paid In Full - Full Coverage Auto Insurance Line from Schedule A/B: 3.2 Miscellaneous used household goods and furnishings: 3 Bedroom sets, 1 Couch, 1 Chair, 1 Kitchen Table, 5 lamps Line from Schedule A/B: 6.1 1 TV and 1 Tablet. Line from Schedule A/B: 7.1 Books, Pictures, and CD's Line from Schedule A/B: 8.1 1 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1001(b) | • | \$5,725.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Paid In Full - Full Coverage Auto Insurance Line from Schedule A/B: 3.2 Miscellaneous used household goods and furnishings: 3 Bedroom sets, 1 Couch, 1 Chair, 1 Kitchen Table, 5 lamps Line from Schedule A/B: 6.1 1 TV and 1 Tablet. Line from Schedule A/B: 7.1 Books, Pictures, and CD's Line from Schedule A/B: 8.1 1 To Albert Schedule A/B: 8.1 Stool of fair market value, up to any applicable statutory limit Table, 5 lamps Line from Schedule A/B: 7.1 Town of fair market value, up to any applicable statutory limit Table, 5 lamps Line from Schedule A/B: 7.1 Town of fair market value, up to any applicable statutory limit Table, 5 lamps Line from Schedule A/B: 7.1 Town of fair market value, up to any applicable statutory limit Table, 5 lamps Line from Schedule A/B: 8.1 Town of fair market value, up to any applicable statutory limit Table, 5 lamps Line from Schedule A/B: 8.1 | Auto Insurance | | | · • | |
| Insurance Line from Schedule A/B: 3.2 Miscellaneous used household goods and furnishings: 3 Bedroom sets, 1 Couch, 1 Chair, 1 Kitchen Table, 5 lamps Line from Schedule A/B: 6.1 1 TV and 1 Tablet. Line from Schedule A/B: 7.1 Books, Pictures, and CD's Line from Schedule A/B: 8.1 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1001(b) | • | \$1,087.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| goods and furnishings: 3 Bedroom sets, 1 Couch, 1 Chair, 1 Kitchen Table, 5 lamps Line from Schedule A/B: 6.1 1 TV and 1 Tablet. Line from Schedule A/B: 7.1 Books, Pictures, and CD's Line from Schedule A/B: 8.1 \$ 100.00 \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit | Insurance | | | · • | |
| sets, 1 Couch, 1 Chair, 1 Kitchen Table, 5 lamps Line from Schedule A/B: 6.1 1 TV and 1 Tablet. Line from Schedule A/B: 7.1 Source \$500.00 100% of fair market value, up to any applicable statutory limit \$500.00 100% of fair market value, up to any applicable statutory limit Books, Pictures, and CD's Line from Schedule A/B: 8.1 \$125.00 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1001(b) | | \$700.00 | | \$700.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 7.1 Books, Pictures, and CD's Line from Schedule A/B: 8.1 \$300.00 100% of fair market value, up to any applicable statutory limit \$125.00 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1001(b) | sets, 1 Couch, 1 Chair, 1 Kitchen Table, 5 lamps | | | · · · · · · · · · · · · · · · · · · · | |
| Books, Pictures, and CD's Line from Schedule A/B: 8.1 100% of fair market value, up to any applicable statutory limit **125.00** \$125.00** 100% of fair market value, up to 100% of fair market va | | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 8.1 In the from Schedule A/B: 8.1 In the from Schedule A/B: 8.1 | | | | · • | |
| □ 100% of fair market value, up to | , , | \$125.00 | | \$125.00 | 735 ILCS 5/12-1001(b) |
| any applicable statutory limit | | | | 100% of fair market value, up to any applicable statutory limit | |

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Denise M. Angelilli Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Wearing Apparel** 735 ILCS 5/12-1001(a) \$900.00 \$900.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Miscellaneous Costume Jewelry 735 ILCS 5/12-1001(b) \$350.00 \$350.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Savings account with Chase 735 ILCS 5/12-1001(b) \$20.00 \$20.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Pension: Retirement plan through 735 ILCS 5/12-704 100% Unknown employer - 100% exempt. Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Term Life Insurance policy through 735 ILCS 5/12-1001(b) \$0.00 \$0.00 employer - (No cash surrender value) Line from Schedule A/B: 31.2 100% of fair market value, up to any applicable statutory limit Debtor has a current workers 820 ILCS 305/21 100% Unknown compensation claim. Attorney Karchmar & Stone, 111 W 100% of fair market value, up to Washington St # 1030, Chicago, IL any applicable statutory limit 60602. (312) 236-9744 Line from Schedule A/B: 34.1 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Debtor 1

| Ca | ise 17-13039 | Doc 1 Filed 04/30/17 Document | Page 18 | of 83 | 12.21 Desc iv | iaiii |
|---|----------------------------|--|------------------|--|--|-------------------|
| Fill in this inform | mation to identify you | ur case: | | | | |
| Debtor 1 | Vingenzo J. An | gelilli | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Denise M. Ange | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | inkruptcy Court for the | NORTHERN DISTRICT OF IL | LINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | ded filing |
| O#: -: -! = | - 400D | | | | | |
| Official Forn | | | | | | |
| Schedule | D: Creditors | Who Have Claims | Secured | l by Propert | У | 12/15 |
| is needed, copy the number (if known). | e Additional Page, fill it | If two married people are filing togeth out, number the entries, and attach it | | | | |
| ` | | his form to the court with your other | r schedules Yo | ou have nothing else t | o report on this form | |
| _ | all of the information | · | i soricadios. To | or have nothing clock | o report on this form. | |
| | | below. | | | | |
| Part 1: List A | II Secured Claims | | | Column A | Column B | Column C |
| for each claim. If m | nore than one creditor has | more than one secured claim, list the crest a particular claim, list the other creditor ical order according to the creditor's nan | rs in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| | o Sales 2 Inc. | Describe the property that secures | the claim: | \$3,350.00 | \$5,725.00 | \$0.00 |
| Creditor's Nam | e | 2005 Nissan Titan 190,000 r | | | | |
| | | Current/Reaffirm - Full Cov Auto Insurance | erage | | | |
| 1110 W E | Roosevelt Road | As of the date you file, the claim is: | Check all that | | | |
| | I, IL 60153-4045 | apply. Contingent | | | | |
| | t, City, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the de | ebt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | ☐ An agreement you made (such as | mortgage or sec | ured | | |
| Debtor 2 only | | car loan) | | | | |
| ■ Debtor 1 and Debtor 1 | ebtor 2 only | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| | the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| Check if this community de | | Other (including a right to offset) | Purchase N | loney Security | | |
| Date debt was inc | urred 2015 | Last 4 digits of account num | 6715 | | | |
| Add the dollar ve | alue of your entries in C | Column A on this name. Write that num | nher here: | \$ 2 2 | 50.00 | |

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$3,350.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | Document Pa | age 19 of | 83 | | |
|---|--|--|-------------------|-----------------------------|-----------------------|--------------------|
| Fill in this inforn | mation to identify your case: | | | | | |
| Debtor 1 | Vingenzo J. Angelilli | | | | | |
| | First Name | Middle Name Las | st Name | | | |
| Debtor 2 | Denise M. Angelilli | | | | | |
| Spouse if, filing) | First Name | Middle Name Las | st Name | | | |
| Jnited States Ba | nkruptcy Court for the: NOF | RTHERN DISTRICT OF ILLINOI | IS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | ed filing |
| \(\alpha\):=\ \bar{\bar{\bar{\bar{\bar{\bar{\bar{ | - 400E/E | | | | | |
| Official Forn | | | | | | 40/45 |
| | | Have Unsecured Cla | | | | 12/15 |
| chedule D: Credite | ors Who Have Claims Secured by tinuation Page to this page. If yo | ases (Official Form 106G). Do not y Property. If more space is neede u have no information to report ir | ed, copy the Par | rt you need, fill it out, i | number the entries in | the boxes on the |
| Part 1: List A | II of Your PRIORITY Unsecur | ed Claims | | | | |
| I. Do any credito | ors have priority unsecured claim | s against you? | | | | |
| ☐ No. Go to P | Part 2. | | | | | |
| Yes. | | | | | | |
| identify what type possible, list the | pe of claim it is. If a claim has both e claims in alphabetical order accor | reditor has more than one priority un priority and nonpriority amounts, list ding to the creditor's name. If you had claim, list the other creditors in Part | that claim here a | and show both priority a | nd nonpriority amount | s. As much as |
| (For an explana | ation of each type of claim, see the | instructions for this form in the instru | uction booklet.) | | | |
| | | | | Total claim | Priority amount | Nonpriority amount |
| | | | | \$100,000.0 | | |
| 2.1 I.R.S. | | Last 4 digits of account nur | mber 1167 | 0 | \$100,000.00 | \$0.00 |
| P.O. Bo | | When was the debt incurred | d? 2010 | | | |
| | Iphia, PA 19101-7346 treet City State Zlp Code | As of the date you file, the | claim is: Check | all that apply | | |
| | d the debt? Check one. | ☐ Contingent | | | | |
| Debtor 1 c | only | ☐ Unliquidated | | | | |
| Debtor 2 c | only | ☐ Disputed | | | | |
| ■ Debtor 1 a | and Debtor 2 only | Type of PRIORITY unsecure | ed claim: | | | |
| _ | ne of the debtors and another | ☐ Domestic support obligation | | | | |
| _ | this claim is for a community del | ot Taxes and certain other d | lehts vou owe the | e government | | |
| | mis claim is for a community der subject to offset? | Claims for death or person | • | • | | |
| No | | Other. Specify | | II | | |
| Пуев | | | Tayes - Rusi | ness Deht | | |

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| | btor 1 Vingenzo J. Angelilli btor 2 Denise M. Angelilli | | Case no | umber (if know) | | |
|-----|---|--|----------------|---------------------------------------|---------------------------|--------------|
| 2.2 | Illinois Department of Revenue | Last 4 digits of account number | 6715 | \$2,545.00 | \$2,545.00 | \$0.00 |
| | Priority Creditor's Name P. O. Box 64338 Chicago, IL 60664-0338 | When was the debt incurred? | 2011 | · · · · · · · · · · · · · · · · · · · | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all | that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ☐ Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | ■ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | im: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts y | ou owe the g | overnment | | |
| | Is the claim subject to offset? | Claims for death or personal inj | ury while you | were intoxicated | | |
| | No | Other. Specify | | | | |
| | Yes | Back Taxe | s | | | |
| 2.3 | Illinois Department of Revenue Priority Creditor's Name | Last 4 digits of account number | 6715 | \$5,597.00 | \$5,597.00 | \$0.00 |
| | P. O. Box 64338 Chicago, IL 60664-0338 | When was the debt incurred? | 2010 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all | that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | Disputed | | | | |
| | ■ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | im: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts y | ou owe the g | overnment | | |
| | Is the claim subject to offset? | Claims for death or personal inj | ury while you | were intoxicated | | |
| | No | Other. Specify | | | | |
| | Yes | Back Taxe | s | | | |
| Par | rt 2: List All of Your NONPRIORITY Unsecu | ıred Claims | | | | |
| 3. | Do any creditors have nonpriority unsecured claim | ns against you? | | | | |
| | $\hfill\square$ No. You have nothing to report in this part. Submit | this form to the court with your other s | schedules. | | | |
| | ■ Yes. | | | | | |
| 4. | List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. | laim. For each claim listed, identify wh | at type of cla | im it is. Do not list claims | s already included in Par | t 1. If more |

Total claim

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| | Vingenzo J. Angelilli Denise M. Angelilli | | Case number (if know) | |
|-----|---|--|--|------------|
| 4.1 | Acceptance Now Nonpriority Creditor's Name | Last 4 digits of account number | 1623 | \$2,346.00 |
| - | Attn: Bankruptcy 5501 Headquarters Dr Plano, TX 75024 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim | Opened 09/14 Last Active 11/14 is: Check all that apply | |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | report as priority claims Debts to pension or profit-sharing | aration agreement or divorce that you did not ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Rental Agree | eement | |
| 4.2 | Advocate Lutheran General Nonpriority Creditor's Name | Last 4 digits of account number | 2016 | \$1,921.00 |
| - | PO Box 4249 Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim | 2016 is: Check all that apply | |
| | □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | | d claim: aration agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharir | | |
| | Yes | Other Specify Medical | | |
| 4.3 | Allstate Fire and Casualty Nonpriority Creditor's Name | Last 4 digits of account number | 5815 | \$2,988.00 |
| - | PO Box 3589 Akron, OH 44309 Number Street City State Zlp Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim | 2016 is: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | d claim: aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | g plans, and other similar debts | |
| | Yes | Other. Specify Auto Accid | ent | |

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| | or 1 Vingenzo J. Angelilli Denise M. Angelilli | | Case number (if know) | |
|-----|---|--|---|--------|
| 4.4 | Ansani & Ansani | Last 4 digits of account number | 4162 | \$0.00 |
| | Nonpriority Creditor's Name 1411 W. Peterson #202 Park Ridge, IL 60068 | When was the debt incurred? | 2015 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Notice only Brezinski | attoreny for Lawrence | |
| 4.5 | Arnold and Kadjan | Last 4 digits of account number | 3589 | \$0.00 |
| | Nonpriority Creditor's Name 203 N. LaSalle STe 1650 | When was the debt incurred? | 2007 | |
| | Chicago, IL 60601 | | | |
| | Number Street City State ZIp Code As of the date you file, the claim is: Check all Who incurred the debt? Check one. | | s: Check all that apply | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Contingent | | |
| | <u> </u> | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d alaim. | |
| | At least one of the debtors and another | Student loans | a ciaim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | a plans, and other similar debts | |
| | Yes | Notice only | attorney for Chicago Painters | |
| | □ res | Other. Specify Pension Fu | ind | |
| 4.6 | BCA Financial Services Nonpriority Creditor's Name | Last 4 digits of account number | 2776 | \$0.00 |
| | 18001 Old Cutler Road, Ste. 462 Miami, FL 33157-6437 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other. Specify general | attoreny for Advocate Luthern | |

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| | Vingenzo J. Angelilli Denise M. Angelilli | | Case number (if know) | | |
|-----|--|--|--|------------|--|
| 4.7 | Blitt and Gaines PC | Last 4 digits of account number | 6715 | \$0.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept. 661 Glenn Ave Wheeling, IL 60090 | When was the debt incurred? | 2011 | · · · | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | □ Yes | | y-Attorney for Ford Motor Credit | | |
| | Calvary Portfolio Services Nonpriority Creditor's Name | Last 4 digits of account number | 9293 | \$476.00 | |
| | 500 Summit Lake Ste 400 Valhalla, NY 10595 | When was the debt incurred? | Opened 03/13 Last Active 08/12 | | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | mber Street City State Zlp Code As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | | | |
| | At least one of the debtors and another | Student loans | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | | | |
| | No | report as priority claims Debts to pension or profit-sharin | a plans, and other similar debts | | |
| | □ Yes | | Attorney Hsbc Bank Nevada | | |
| | CCI/Contract Callers Inc Nonpriority Creditor's Name | Last 4 digits of account number | 6051 | \$2,889.00 | |
| | Po Box 3000 Augusta, GA 30903 | When was the debt incurred? | Opened 7/29/13 Last Active 04/12 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | ☐ Yes | Other. Specify Commonwe | ealth Ed | | |

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| | 1 Vingenzo J. Angelilli 2 Denise M. Angelilli | | Case number (if know) | | | | |
|----------|--|---|--|-------------|--|--|--|
| 4.1 0 | Chicago Painters Pension Fund | Last 4 digits of account number | 3589 | \$89,429.00 | | | |
| | Nonpriority Creditor's Name 8160 Cass Ave Darien, IL 60561 | When was the debt incurred? | 2007 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | □ Yes | Other. Specify Business D | • | | | | |
| 4.1 | Chicago Painters Pension Fund | Last 4 digits of account number | 3006 | \$18,706.00 | | | |
| 1 | Nonpriority Creditor's Name | | | Ψ.ο,. σοισσ | | | |
| | 8160 Cass Ave Darien, IL 60561 | When was the debt incurred? | 2014 | | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. ☐ Debtor 1 only | _ | | | | | |
| | Debtor 2 only | ☐ Contingent | | | | | |
| | _ | Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Student loans | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | No | Debts to pension or profit-sharing | | | | | |
| | Yes | Other. Specify Business D | | | | | |
| 4.1 | City of Chicago | Last 4 digits of account number | 3739 | \$11,040.00 | | | |
| | Nonpriority Creditor's Name Corporation Counsel | When was the debt incurred? | 2009 | | | | |
| | 30 N. LaSalle 800 Chicago, IL 60602 | When was the dest incurred. | 2003 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | debt | | | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debte | | | | |
| | No | | | | | | |
| | Yes | Other. Specify Business D | Pebt | | | | |

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| | 1 Vingenzo J. Angelilli 2 Denise M. Angelilli | Document Page 2 | Case number (if know) | | |
|----------|---|--|---|----------|--|
| 4.1 | Commonwealth Financial Systems | Last 4 digits of account number | 70N1 | \$256.00 | |
| <u> </u> | Nonpriority Creditor's Name | | | <u> </u> | |
| | 245 Main St Dickson City, PA 18519 | When was the debt incurred? | Opened 10/14 Last Active 07/11 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Collection | Attorney Mea-Stalexius | | |
| 4.1 | Convergent Outsoucing, Inc | Last 4 digits of account number | 1913 | \$697.00 | |
| | Nonpriority Creditor's Name Po Box 9004 | When was the debt incurred? | Opened 4/28/14 | | |
| | Renton, WA 98057 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | |
| | Who incurred the debt? Check one. | • , | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify 11 Comcas | t | | |
| 4.1 5 | Convergent Outsoucing, Inc | Last 4 digits of account number | 7920 | \$476.00 | |
| | Nonpriority Creditor's Name Po Box 9004 Renton, WA 98057 | When was the debt incurred? | Opened 8/19/16 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | ☐ Yes | ■ Other. Specify 11 Comcas | t | | |

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| | 1 Vingenzo J. Angelilli 2 Denise M. Angelilli | | Case number (if know) | |
|----------|---|--|---|------------|
| 4.1 6 | Convergent Outsoucing, Inc | Last 4 digits of account number | 4956 | \$697.00 |
| | Nonpriority Creditor's Name Po Box 9004 Renton, WA 98057 | When was the debt incurred? | Opened 04/14 Last Active 03/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Collection | Attorney Comcast | |
| 4.1 | Convergent Outsoucing, Inc Nonpriority Creditor's Name | Last 4 digits of account number | 9185 | \$476.00 |
| | Po Box 9004 Renton, WA 98057 | When was the debt incurred? | Opened 08/16 Last Active 05/14 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Collection | Attorney Comcast | |
| 4.1 | Credit Corp Solition Inc Nonpriority Creditor's Name | Last 4 digits of account number | 5281 | \$9,207.00 |
| | 63 East 11400 South #408 Sandy, UT 84070 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other, Specify Deficiency | balance on repossessed vehicle | |
| | | | - | |

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| | 1 Vingenzo J. Angelilli 2 Denise M. Angelilli | | Case number (if know) | |
|----------|--|--|---|-------------|
| 4.1 9 | Ford Motor Credit Company | Last 4 digits of account number | 0809 | \$28,239.00 |
| | Nonpriority Creditor's Name ONE AMERICAN ROAD DEARBORN Dearborn, MI 48126 | When was the debt incurred? | 2011 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | <u> </u> | | |
| | _ | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | ☐ Student loans | - Old | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | on plans, and other similar debts | |
| | □ Yes | · | balance on repossessed vehicle | |
| 4.2 | Frank Raffaelli | Last 4 digits of account number | 5815 | \$0.00 |
| | Nonpriority Creditor's Name 3820 EMERSON DR Schiller Park, IL 60176-2409 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Notice only | y - Auto Accident | |
| 4.2 | Freedman Anselmo Lindberg & Rappe | Last 4 digits of account number | 1076 | \$0.00 |
| | Nonpriority Creditor's Name 1771 W. Diehl Road | When was the debt incurred? | 2014 | |
| | Suite 150 Naperville, IL 60563 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | on plans, and other similar dobts | |
| | ■ No | | | |
| | Yes | Other. Specify Notice only | attorney for Portolio Recovery | |

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| | 1 Vingenzo J. Angelilli 12 Denise M. Angelilli | | Case number (if know) | |
|-----|---|--|---|-------------|
| 4.2 | Honor Finance | Last 4 digits of account number | 3901 | \$10,158.00 |
| | Nonpriority Creditor's Name 909 Davis St Ste 260 Evanston, IL 60201 | When was the debt incurred? | Opened 06/14 Last Active 1/01/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separement as priority claims | aration agreement or divorce that you did not | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify | balance on repossessed vehicle | |
| 4.2 | IC Systems, Inc Nonpriority Creditor's Name | Last 4 digits of account number | 5597 | \$63.00 |
| | 444 Highway 96 East St Paul, MN 55127 | When was the debt incurred? | Opened 09/16 Last Active 01/15 | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | = 1 | |
| | Yes | Other. Specify Collection | Attorney Comcast | |
| 4.2 | IC Systems, Inc Nonpriority Creditor's Name | Last 4 digits of account number | 8007 | \$852.00 |
| | 444 Highway 96 East St Paul, MN 55127 | When was the debt incurred? | Opened 05/16 Last Active 11/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Collection | Attorney Drs Stipak And | |

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| | 71 Vingenzo J. Angelilli 72 Denise M. Angelilli | | Case number (if know) | |
|----------|---|---|--|----------|
| 4.2 5 | ICS/Illinois Collection Service | Last 4 digits of account number | 2224 | \$264.00 |
| | Nonpriority Creditor's Name Po Box 1010 | When was the debt incurred? | Opened 12/12 | |
| | Tinley Park, IL 60477 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Collection A Other. Specify Consultant | Attorney Advanced Radiology s | |
| 4.2 | | | | |
| 6 | ICS/Illinois Collection Service Nonpriority Creditor's Name | Last 4 digits of account number | 1562 | \$246.00 |
| | Po Box 1010 | When was the debt incurred? | Opened 05/16 | |
| | Tinley Park, IL 60477 | . A - of the determination the electric | Con Charle all that and he | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Cneck all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □ Yes | · | Attorney Advanced Radiology | |
| 4.2 | ICS/Illinois Collection Service | | 8192 | \$246.00 |
| 7 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ240.00 |
| | Po Box 1010 | When was the debt incurred? | Opened 10/16 | |
| | Tinley Park, IL 60477 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | | _ | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Collection A Other. Specify Consultant | Attorney Advanced Radiology s | |

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|-----|--|--|--|------------|
| 4.2 | Law Offices of Jason Harris LLC | Last 4 digits of account number | 7291 | \$0.00 |
| | Nonpriority Creditor's Name 300 Saunders Road, Suite 100 Deerfield, IL 60015 | When was the debt incurred? | 2017 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Notice only | collection for Honor Finance | |
| 4.2 | Law Offices of Steven Lihosit | Last 4 digits of account number | 5815 | \$2,988.00 |
| | Nonpriority Creditor's Name 200 N. LaSalle St, Suite 2550 Chicago, IL 60601-1014 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | _ | Type of NONPRIORITY unsecured | d claim: | |
| | At least one of the debtors and another | ☐ Student loans | - Old | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Notice only | | |
| | | | | |
| 4.3 | Lawrence Brezinski Nonpriority Creditor's Name | Last 4 digits of account number | 4162 | \$710.00 |
| | 3529 N ORANGE AVE APT 1 Chicago, IL 60634-2940 | When was the debt incurred? | 2015 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |

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| otor 2 Denise M. Angelilli | | Case number (if know) | |
|--|--|--|------------|
| Marek Sredniawa | Last 4 digits of account number | 1688 | \$1,100.00 |
| Nonpriority Creditor's Name 4935 N CANFIELD AVE | When was the debt incurred? | 2014 | Ψ1,100.00 |
| Harwood Heights, IL 60706-3157 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | П | | |
| ☐ Debtor 2 only | Contingent | | |
| | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | ☐ Student loans | J. Glaini. | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | g plans, and other similar debts | |
| | Culdi. Opeony | | |
| Markoff & Kransy Nonpriority Creditor's Name | Last 4 digits of account number | 3739 | \$0.00 |
| 29 N. Wacker Drive, 5th Floor Chicago, IL 60606 | When was the debt incurred? | 2009 | |
| Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Notice only | attorney for City of Chicago | |
| Merchants Credit | Last 4 digits of account number | 6612 | \$120.00 |
| Nonpriority Creditor's Name 223 W Jackson Blvd | _ | Opened 2/08/16 Last Active | |
| Ste 700 | When was the debt incurred? | 09/15 | |
| Chicago, IL 60606 | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | | |
| Yes | Other. Specify Medical De | bt Midwest Imaging | |

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| | 1 Vingenzo J. Angelilli 2 Denise M. Angelilli | Case number (if know) | | |
|----------|---|---|--|------------|
| 4.3 4 | Merchants Credit | Last 4 digits of account number | 0001 | \$1,384.00 |
| | Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700 Chicago, IL 60606 | When was the debt incurred? | Opened 08/15 Last Active 03/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ _{No} | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☐ Yes | ■ Other. Specify Associates | Attorney Northwest Pulmonary | |
| 4.3 5 | Merchants Credit | Last 4 digits of account number | 5788 | \$1,084.00 |
| | Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700 Chicago, IL 60606 | When was the debt incurred? | Opened 09/15 Last Active 03/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Profession | Attorney Midwest Imaging als | |
| 4.3 6 | MFG Financial | Last 4 digits of account number | 4787 | \$8,071.00 |
| | Nonpriority Creditor's Name 603 E 4500 S #200 Salt Lake City, UT 84107 | When was the debt incurred? | 2014 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |

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| tor 2 Denise M. Angelilli | | Case number (if know) | |
|---|--|---|----------|
| Northwest Collectors | Last 4 digits of account number | 1901 | \$395.00 |
| Nonpriority Creditor's Name | _ | | |
| 3601 Algonquin Rd Ste 232 Rolling Meadows, IL 60008 | When was the debt incurred? | Opened 11/25/11 Last Active 07/11 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Medical De | bt Village Of Stre | |
| Ntl Acct Srv | Last 4 digits of account number | 0988 | \$594.00 |
| Nonpriority Creditor's Name 1246 University Avenue W Saint Paul, MN 55104 | When was the debt incurred? | Opened 12/21/12 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Fifth Third | Bank | |
| Oltman Law Group PC | Last 4 digits of account number | 0256 | \$0.00 |
| Nonpriority Creditor's Name 77 W. Washinton St, Suite 520 | When was the debt incurred? | 2014 | · |
| Chicago, IL 60602 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Uniiquidated ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Notice only | collection statefarm | |
| | = Other. Opcomy | | |

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| | 1 Vingenzo J. Angelilli 2 Denise M. Angelilli | | Case number (if know) | |
|-----|---|---|---|------------|
| 4.4 | Onemain | Last 4 digits of account number | 0152 | \$9,379.00 |
| | Nonpriority Creditor's Name 601 N.W. 2nd St. Evansville, IN 47708 | When was the debt incurred? | 2010 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Deficiency | balance on repossessed vehicle | |
| 4.4 | Portfolio Recovery Associates Nonpriority Creditor's Name | Last 4 digits of account number | 1076 | \$823.00 |
| | 120 Corporate Blvd Suite 100 | When was the debt incurred? | 2014 | |
| | Norfolk, VA 23502 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.4 | Pro Collect, Inc | Last 4 digits of account number | 5044 | \$549.00 |
| | Nonpriority Creditor's Name 12170 N. Abrams Rd, Ste 100 Dallas, TX 75243 | When was the debt incurred? | Opened 04/13 Last Active 12/12 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | , | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Services | Attorney Union Workers Credit | |

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| | 1 Vingenzo J. Angelilli 2 Denise M. Angelilli | | Case number (if know) | |
|-----|--|--|--|-------------|
| 4.4 | Public Storage | Last 4 digits of account number | 0808 | \$396.00 |
| | Nonpriority Creditor's Name 1700 N 5th Ave River Grove, IL 60171-1925 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | | | |
| | | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Buseinss D | Debt` | |
| 4.4 | Randall Industries | Last 4 digits of account number | 1903 | \$19,339.00 |
| | Nonpriority Creditor's Name 741 SOUTH RT 83 Elmhurst, IL 60126 | When was the debt incurred? | 2010 | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | _ | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other Specify Business D | | |
| 4.4 | Snchnfin | Last 4 digits of account number | 4105 | \$200.00 |
| | Nonpriority Creditor's Name 2 Transam Plaza Dr | When was the debt incurred? | Opened 2/24/14 | |
| | Oak Brook Terrace, IL 60181 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | no or the date you me, the olding | o. Oncok all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □Yes | ■ Other Specify 04 Village 0 | = : | |
| | | | | |

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| Debtor Debtor | 1 Vingenzo J. Angelilli 2 Denise M. Angelilli | | Case number (if know) | |
|------------------|--|---|---|----------|
| 4.4 | Snchnfin | Last 4 digits of account number | 4761 | \$200.00 |
| | Nonpriority Creditor's Name 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 4/30/14 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify | | |
| 4.4 | Snchnfin Nonpriority Creditor's Name | Last 4 digits of account number | 8440 | \$100.00 |
| | 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 Number Street City State Zlp Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim i | Opened 7/22/14 is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Other O4 Village C | ration agreement or divorce that you did not g plans, and other similar debts | |
| 4.4 | | | | |
| 8 | Nonpriority Creditor's Name 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | Last 4 digits of account number When was the debt incurred? | Opened 9/05/14 | \$100.00 |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Спеск ан that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | ration agreement or divorce that you did not g plans, and other similar debts | |
| | Yes | Other. Specify 04 Village 0 | Of Elmwood Park | |

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| Snchnfin | Last 4 digits of account number | 9702 | \$100.00 |
|--|--|---|----------|
| Nonpriority Creditor's Name 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 9/05/14 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify | Of Elmwood Park | |
| Snchnfin | Last 4 digits of account number | 2035 | \$100.00 |
| Nonpriority Creditor's Name 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 7/07/15 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| ls the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | ■ Other. Specify 04 Village (| Of Elmwood Park | |
| Snchnfin | Last 4 digits of account number | 2036 | \$100.00 |
| Nonpriority Creditor's Name 2 Transam Plaza Dr | When was the debt incurred? | Opened 7/07/15 | |
| Oak Brook Terrace, IL 60181 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify 04 Village (| Of Elmwood Park | |

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| Debtor Debtor | 1 Vingenzo J. Angelilli2 Denise M. Angelilli | | Case number (if know) | |
|------------------|--|--|--|----------|
| 4.5 | Snchnfin | Last 4 digits of account number | 2037 | \$100.00 |
| | Nonpriority Creditor's Name 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 7/07/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin | ration agreement or divorce that you did not | |
| | ☐ Yes | ■ Other Specify 04 Village 0 | Of Elmwood Park | |
| 4.5 | Snchnfin Nonpriority Creditor's Name | Last 4 digits of account number | 2340 | \$100.00 |
| | 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 2/11/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims ☐ Debts to pension or profit-sharin | ration agreement or divorce that you did not | |
| | Yes | ■ Other. Specify 04 Village 0 | Of Elmwood Park | |
| 4.5 | Snchnfin Nonpriority Creditor's Name | Last 4 digits of account number | | \$100.00 |
| | 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 2/11/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | - • | |
| | Yes | ■ Other. Specify 04 Village 0 | Of Elmwood Park | |

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| Snchnfin | Last 4 digits of account number | 2623 | \$200.00 |
|--|--|---|----------|
| Nonpriority Creditor's Name 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 2/11/16 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify | Of Elmwood Park | |
| Snchnfin | Last 4 digits of account number | 1308 | \$100.00 |
| Nonpriority Creditor's Name 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 10/28/14 | |
| Jumber Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify | Of Elmwood Park | |
| Snchnfin | Last 4 digits of account number | 7007 | \$50.00 |
| Nonpriority Creditor's Name 2 Transam Plaza Dr | When was the debt incurred? | Opened 7/22/14 | , |
| Dak Brook Terrace, IL 60181 | _ | <u> </u> | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| □ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify 04 Village 0 | Of Elmwood Park | |

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| | Denise M. Angelilli | | Case number (if know) | |
|-----|--|--|--|----------|
| 4.5 | Snchnfin | Last 4 digits of account number | 7425 | \$50.00 |
| | Nonpriority Creditor's Name 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 7/22/14 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify 04 Village 0 | Of Elmwood Park | |
| 4.5 | Snchnfin | Last 4 digits of account number | 0793 | \$100.00 |
| 9 | Nonpriority Creditor's Name | | | • |
| | 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 10/28/14 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify 04 Village (| Of Elmwood Park | |
| 4.6 | Snchnfin | Last 4 digits of account number | 7257 | \$100.00 |
| | Nonpriority Creditor's Name 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 7/07/15 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify 04 Village 0 | Of Elmwood Park | |
| | | | | |

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| | Vingenzo J. Angelilli Denise M. Angelilli | | Case number (if know) | |
|----------|---|--|--|----------|
| 4.6 1 | Snchnfin | Last 4 digits of account number | 7259 | \$100.00 |
| | Nonpriority Creditor's Name 2 Transam Plaza Dr | When was the debt incurred? | Opened 7/07/15 | |
| _ | Oak Brook Terrace, IL 60181 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | LI Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify 04 Village 0 | Of Elmwood Park | |
| 2 | Snchnfin Nonpriority Creditor's Name | Last 4 digits of account number | 7258 | \$100.00 |
| | 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 7/07/15 | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify 04 Village 0 | Of Elmwood Park | |
| 3 | Snchnfin | Last 4 digits of account number | 8432 | \$200.00 |
| | Nonpriority Creditor's Name 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 7/23/13 | |
| _ | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | 0 0 1 | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | - • | |
| | ☐ Yes | ■ Other. Specify 04 Village 0 | Of Elmwood Park | |

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| | 1 Vingenzo J. Angelilli 2 Denise M. Angelilli | | Case number (if know) | |
|----------|---|--|--|------------|
| 4.6 | Snchnfin | Last 4 digits of account number | 8153 | \$100.00 |
| | Nonpriority Creditor's Name 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 7/22/14 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | Пол | | |
| | ■ Debtor 2 only | ☐ Contingent | | |
| | , | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| | At least one of the debtors and another | Student loans | i Ciaiiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | • • • | | | |
| | Yes | ■ Other. Specify 04 Village 0 | DI EIMWOOD PARK | |
| 4.6 5 | Snchnfin | Last 4 digits of account number | 8154 | \$100.00 |
| | Nonpriority Creditor's Name 2 Transam Plaza Dr Oak Brook Terrace, IL 60181 | When was the debt incurred? | Opened 7/22/14 | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify 04 Village 0 | Of Elmwood Park | |
| 4.6 | State Farm Automobile Insurance | Last 4 digits of account number | 6132 | \$1,468.00 |
| | Nonpriority Creditor's Name One State Farm Plaza Bloomington, IL 61710 | When was the debt incurred? | 2015 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |

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| | Vingenzo Denise N | o J. Angelilli 1. Angelilli | | Case | number (| if know) | |
|--|---|---|---|------------|--------------|-----------------------------|---------------------------|
| 4.6 | Teller Levi | t & Silbertrust, P.C. | Last 4 digits of account number | 1903 | 3 | | \$0.00 |
| | Nonpriority Cre 19 S. LaSal Suite 701 Chicago, IL | lle | When was the debt incurred? | 2010 |) | _ | |
| = | Number Street | City State Zlp Code | As of the date you file, the claim | is: Chec | k all that a | pply | |
| | | the debt? Check one. | | | | | |
| | Debtor 1 or | • | ☐ Contingent | | | | |
| | Debtor 2 or | nly | ☐ Unliquidated | | | | |
| | Debtor 1 ar | nd Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one | e of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if th debt | is claim is for a community | ☐ Student loans | | | | |
| | | ubject to offset? | Obligations arising out of a separe report as priority claims | aration ag | greement | or divorce that you did not | |
| | ■ No | • | Debts to pension or profit-sharing | ng plans, | and other | similar debts | |
| | ☐ Yes | | ■ Other Specify Notice only | attore | env for | Randall Industries | |
| | - 103 | | Other. Specify | , allor | J.I.J 10. | Turiuur muudi 100 | - |
| 0 | William Mu | | Last 4 digits of account number | 0839 |) | _ | \$1,900.00 |
| | Nonpriority Cre 8465 W LE Chicago, IL | LAND AVE APT 49 | When was the debt incurred? | 2011 | | | - |
| | | City State ZIp Code | As of the date you file, the claim | is: Chec | k all that a | pply | |
| | _ | the debt? Check one. | | | | | |
| | Debtor 1 or | • | ☐ Contingent | | | | |
| | Debtor 2 or | | ☐ Unliquidated | | | | |
| | Debtor 1 ar | nd Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one | e of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if th debt | is claim is for a community | ☐ Student loans | | | | |
| | Is the claim su | ubject to offset? | Obligations arising out of a separeport as priority claims | , | | , | |
| | ■ No | | Debts to pension or profit-sharin | ng pians, | and other | similar debts | |
| | ☐ Yes | | Other. Specify | | | | - |
| D 40 | - | | | | | | |
| 5. Use thi is tryin have m notified | s page only if g to collect fro nore than one d for any debt | om you for a debt you owe to son creditor for any of the debts that s in Parts 1 or 2, do not fill out or | out your bankruptcy, for a debt that neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page. | Parts 1 | or 2, the | n list the collection agenc | y here. Similarly, if you |
| Part 4: | | mounts for Each Type of Uns | | | | | |
| | he amounts of unsecured cl | | ns. This information is for statistical | eporting | g purpose | s only. 28 U.S.C. §159. Ad | d the amounts for each |
| | | | | | | Total Claim | |
| _ | 6a. | Domestic support obligations | | 6a. | \$ | 0.00 | _ |
| | otal ims | | | | | | |
| from Pa | | | = | 6b. | \$ | 108,142.00 | _ |
| | 6c. 6d. | • | ijury while you were intoxicated cured claims. Write that amount here. | 6c. 6d. | \$ | 0.00 0.00 | _ |
| | ou. | Cineri Add all other phoney arise | ource diams. While that amount here. | ou. | Ψ_ | 0.00 | _ |
| | 6e. | Total Priority. Add lines 6a throu | igh 6d. | 6e. | \$ | 108,142.00 | _ |
| | | | | | | Total Claim | |
| | 6f. otal ims | Student loans | | 6f. | \$ | 0.00 | _ |
| from Pa | | Obligations arising out of a se | paration agreement or divorce that | 6g. | \$ | 0.00 | |

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Debtor 1 Vingenzo J. Angelilli Denise M. Angelilli Case number (if know)

you did not report as priority claims
6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ 234,372.00

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| | | DOGDINE | <u>III Paue 45 01 65</u> | |
|---------------------|--------------------------|-------------------|--------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Vingenzo J. Ange | elilli | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Denise M. Angeli | IIi | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | _ |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.3 | Oity | | Otate | Zii Code | |
| 2.0 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | City | | Olalo | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |

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| | | Docume | nt Page 46 o | of 8.3 |
|-----------------------------|--|---|---------------------------|--|
| Fill in this i | information to identify your | case: | | |
| Debtor 1 | Vingenzo J. Ange | Alilli | | |
| 20210 | First Name | Middle Name | Last Name | |
| Debtor 2 | Denise M. Angeli | lli | | |
| (Spouse if, filing | g) First Name | Middle Name | Last Name | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Casa numb | • | | | |
| Case numb (if known) | eı | | | ☐ Check if this is an |
| | | | | amended filing |
| Sched Codebtors a | filing together, both are equ | re also liable for any deb ally responsible for supp | lying correct information | 12/15 as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write |
| our name | and case number (if known) | . Answer every question | | |
| 1. Бо у | ou have any codebiors? (ii) | you are ming a joint case, t | do not list either spouse | e as a codeptor. |
| ■ No □ Yes | | | | |
| Arizona No. (| in the last 8 years, have you to California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou | Nevada, New Mexico, Pur | erto Rico, Texas, Wash | ry? (Community property states and territories include ington, and Wisconsin.) |
| in line Form 1 out Co | 2 again as a codebtor only i 06D), Schedule E/F (Official lumn 2. | f that person is a guaran | tor or cosigner. Make | r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 06G). Use Schedule D, Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor ame, Number, Street, City, State and ZI | P Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D. line |
| | lame | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| _ | Direct . | | | |
| | lumber Street City | State | ZIP Code | |
| 3.2 | | | | □ Sahadula D. lina |
| | lame | | | □ Schedule D, line □ Schedule E/F, line |
| | | | | ☐ Schedule E/F, line |
| _ | | | | |
| | lumber Street City | State | ZIP Code | |
| C | ··· j | - alo | Z11 0000 | |

Schedule H: Your Codebtors

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| Fill in this information | to identify your case: | |
|---------------------------------|---|--|
| Debtor 1 | Vingenzo J. Angelilli | |
| Debtor 2 (Spouse, if filing) | Denise M. Angelilli | |
| United States Bankru | ptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | |
| Case number (If known) | | Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter |
| Official Form | 106l Your Income | 13 income as of the following date: MM / DD/ YYYY |

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
|----|---|-----------------------|-------------------------------------|---|
| | If you have more than one job, | Employment status | ■ Employed | ■ Employed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed |
| | employers. | Occupation | Painter | ER-Tech |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Department of Aviation | Gottlieb Memorial Hospital |
| | Occupation may include student or homemaker, if it applies. | Employer's address | O'Hare Airport Chicago, IL 60666 | 701 W North Ave Melrose Park, IL 60160 |
| | | How long employed the | here? 4 years | 6 years |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 7,548.00 \$ 2,439.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

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| Debi | tor 1 tor 2 | Vingenzo J. Angelilli Denise M. Angelilli | _ | | Case | number (if kn | own) | | | |
|------|--------------------|--|----------------|------------|-------------|---------------|------------|--------|---------------------------------------|--------------------|
| | | | | | For | Debtor 1 | | | Debtor 2 or -filing spouse | |
| | Cop | by line 4 here | 4. | | \$ | 7,548 | .00 | \$ | 2,439.00 | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | а. | \$ | 1,012 | .00 | \$ | 253.00 |) |
| | 5b. | Mandatory contributions for retirement plans | 5b | ο. | \$ | 642 | | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 50 | Э. | \$_ | 0 | .00 | \$ | 0.00 |) |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | 0 | .00 | \$ | 0.00 |) |
| | 5e. | Insurance | 5e | | \$_ | 188 | | \$ | 0.00 |) |
| | 5f. | Domestic support obligations | 5f. | | \$_ | | .00 | \$ | 0.00 | _ |
| | 5g. | Union dues | 5g | - | \$_ | 226 | | — | 0.00 | |
| • | 5h. | Other deductions. Specify: | _ | า.+ | \$_ • | | .00 | | 0.00 | _ |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 2,068 | | \$ | 253.00 | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ _ | 5,480 | .00 | \$ | 2,186.00 | <u>)</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | a | \$ | 0 | .00 | \$ | 0.00 | • |
| | 8b. | Interest and dividends | 8b | | <u>\$</u> _ | | .00 | \$- | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | t 80 | c . | \$ | - | .00 | \$ | 0.00 | _ |
| | 8d. | Unemployment compensation | 80 | d. | \$ | | .00 | \$ | 0.00 | _ |
| | 8e. | Social Security | 86 | €. | \$ | 0 | .00 | \$ | 0.00 | <u> </u> |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | e 8f. 8g | | \$_ \$_ | | .00 | \$ | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$ | 0 | .00 | + \$ | 0.00 |) |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 0 | .00 | \$ | 0.0 | 00 |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 5,480.00 | _ ¢ | 2 1 | 86.00 = \$ | 7,666.00 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ъ_ | | 3,400.00 | Τ Ψ. | | - - - - - - - - - - | 7,000.00 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | r depe | | | | | , | Schedule J. | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | 12. \$ | 7,666.00 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | 1? | | | | | | Comb month | ined Ily income |

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| EIII | in this informa | tion to identify yo | our case. | | | | | |
|--------|--|-------------------------------------|---|---|-----------------------|-------------|------------------------------------|---|
| | | | | | | 01 | | |
| Deb | otor 1 | Vingenzo J. | Angelilli | | | Che □ | eck if this is: An amended filing | |
| | otor 2 ouse, if filing) | Denise M. Ar | ngelilli | | | | J | ving postpetition chapter the following date: |
| | | uptcy Court for the | : NORTH | ERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| | e number | | | | | | | |
| (If kı | nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| S | chedule | J: Your I | Expen | ises | | | | 12/1 |
| Be | as complete a prinction. If mater (if know | and accurate as | s possible. eded, attac ry question | If two married people ar | | | | |
| 1. | Is this a joir | | | | | | | |
| | □ No. Go to | = | _ | | | | | |
| | | s Debtor 2 live i | in a separa | ate household? | | | | |
| | ■ N □ Y | | st file Officia | al Form 106J-2, <i>Expense</i> s | for Separate House | hold of Del | otor 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | | | | Daughter | | _ 7 | Yes |
| | | | | | Son | | 16 | □ No ■ x |
| | | | | | | | | ■ Yes □ No |
| | | | | | Daughter | | 18 | ■ Yes |
| | | | | | | | | □ No |
| 3. | | penses include f people other th | han | No | | | _ | ☐ Yes |
| | | d your depender | | Yes | | | | |
| Par | | ate Your Ongoii | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance and | | government assistance i luded it on <i>Schedule I:</i> Y | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgage | 4. | \$ | 1,300.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | 4b. Prope | rty, homeowner's | | | | 4b. | · | 0.00 |
| | | maintenance, re owner's associat | | pkeep expenses | | 4c. 4d. | · | 0.00 |
| | -u. HUHHE | CWITCH 3 ASSUCIAL | | Jonninum Gues | | ÷u. | Ψ | 0.00 |

0.00

Additional mortgage payments for your residence, such as home equity loans

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| | | zo J. Angelilli M. Angelilli | Case num | nber (if known) | |
|-----|-----------------|---|---------------------|-------------------|------------------------------|
| D00 | nor 2 Definse | M. Angenin | Odde Hull | iber (ii kilowii) | |
| 6. | Utilities: | | | | |
| | | y, heat, natural gas | 6a. | \$ | 250.00 |
| | • | ewer, garbage collection | 6b. | \$ | 0.00 |
| | | ne, cell phone, Internet, satellite, and cable services | 6c. | \$ | 465.00 |
| | 6d. Other. Sp | | 6d. | \$ | 0.00 |
| 7. | Food and hou | sekeeping supplies | 7. | \$ | 1,400.00 |
| 8. | Childcare and | children's education costs | 8. | \$ | 875.00 |
| 9. | Clothing, laun | dry, and dry cleaning | 9. | \$ | 350.00 |
| 10. | | products and services | 10. | \$ | 285.00 |
| 11. | Medical and d | ental expenses | 11. | \$ | 280.00 |
| 12. | | Include gas, maintenance, bus or train fare. | 40 | ¢ | 800.00 |
| 40 | Do not include | 1 7 | 12. | · | |
| | | , clubs, recreation, newspapers, magazines, and books | 13. | · | 300.00 |
| | | ntributions and religious donations | 14. | \$ | 250.00 |
| 15. | Insurance. | insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insu | | 15a. | \$ | 0.00 |
| | 15b. Health in | | 15b. | · | 0.00 |
| | 15c. Vehicle i | | 15c. | | 400.00 |
| | | surance. Specify: | 15d. | · | 0.00 |
| 16 | | include taxes deducted from your pay or included in lines 4 or 20 | | Ψ | 0.00 |
| 10. | Specify: | include taxes deducted from your pay or included in lines 4 or 20 | ,. 16. | \$ | 0.00 |
| 17 | · · · | lease payments: | | <u> </u> | 0.00 |
| | | nents for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payr | nents for Vehicle 2 | 17b. | \$ | 0.00 |
| | | pecify: IRS Tax Debt | 17c. | \$ | 500.00 |
| | 17d. Other. S | - | 17d. | · | 0.00 |
| 18. | | s of alimony, maintenance, and support that you did not rep | | · | |
| | | your pay on line 5, Schedule I, Your Income (Official Form | | \$ | 0.00 |
| 19. | Other paymen | ts you make to support others who do not live with you. | · | \$ | 0.00 |
| | Specify: | | 19. | | |
| 20. | | perty expenses not included in lines 4 or 5 of this form or or | | | |
| | | es on other property | 20a. | · | 0.00 |
| | 20b. Real esta | | 20b. | | 0.00 |
| | | , homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintena | ance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeow | ner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Other: Specify: | | 21. | +\$ | 0.00 |
| 22 | Calculate you | r monthly expenses | | | |
| 22. | 22a. Add lines | | | \$ | 7,455.00 |
| | | 22 (monthly expenses for Debtor 2), if any, from Official Form 10 | n6 L-2 | Φ | 7,433.00 |
| | | | 703-2 | \$ | |
| | 22c. Add line 2 | 2a and 22b. The result is your monthly expenses. | | \$ | 7,455.00 |
| 23. | Calculate your | monthly net income. | | | |
| | | e 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 7,666.00 |
| | 23b. Copy you | ur monthly expenses from line 22c above. | 23b. | -\$ | 7,455.00 |
| | | | | | <u> </u> |
| | | your monthly expenses from your monthly income. | | | 244.00 |
| | The resu | It is your monthly net income. | 23c. | \$ | 211.00 |
| 24 | De wei | an increase or decrease in view company within the company | ften ven file 41-1- | a farm? | |
| 24. | | t an increase or decrease in your expenses within the year a you expect to finish paying for your car loan within the year or do you expe | | | se or decrease because of a |
| | | e terms of your mortgage? | cot your mortgage | payment to mored | SO OF GEOLEGISE DECAUSE OF A |
| | ■ No. | | | | |
| | ☐ Yes. | Explain here: | | | |
| | – 163. | Explain flore. | | | |

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| Fill in this infor | mation to identify your case: | | |
|---------------------|---|--|--|
| Debtor 1 | | | |
| Deploi i | Vingenzo J. Angelilli First Name Middle Name | e Last Name | |
| Debtor 2 | Denise M. Angelilli | | |
| (Spouse if, filing) | First Name Middle Name | e Last Name | |
| United States Ba | ankruptcy Court for the: NORTHERN D | DISTRICT OF ILLINOIS | |
| Case number | | | |
| (if known) | | | ☐ Check if this is an amended filing |
| Official Form | | dual Debtor's Schedules | 12/15 |
| | | | |
| ears, or both. 1 | y or property by fraud in confiection will 8 U.S.C. §§ 152, 1341, 1519, and 3571. | ith a bankruptcy case can result in fines up to \$250,000, | or imprisonment for up to 20 |
| Did you pa | y or agree to pay someone who is NO | Γ an attorney to help you fill out bankruptcy forms? | |
| ■ No | | | |
| ☐ Yes. I | Name of person | | ptcy Petition Preparer's Notice, nd Signature (Official Form 119) |
| | alty of perjury, I declare that I have read e true and correct. | I the summary and schedules filed with this declaration | and |
| X /s/ Vin | genzo J. Angelilli | X /s/ Denise M. Angelilli | |
| | nzo J. Angelilli | Denise M. Angelilli | |
| | re of Debtor 1 | Signature of Debtor 2 | |
| Date _ | April 30, 2017 | Date April 30, 2017 | |

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| Fill | in this infor | mation to identify you | r case: | | | | |
|-------------------|--------------------|--|--|--------------|---|--|---|
| | btor 1 | Vingenzo J. Ang | | | | | |
| | | First Name | Middle Name | L | ast Name | | |
| | btor 2 | Denise M. Angel | | | | | |
| (Sp | ouse if, filing) | First Name | Middle Name | L | _ast Name | | |
| Un | ited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLIN | OIS | | |
| | se number nown) | | | | | _ | check if this is an mended filing |
| St | | of Financial | Affairs for Indiv | | | | 4/16 |
| info nun | rmation. If r | nore space is needed, n). Answer every ques | attach a separate sheet to stion. | o this for | n. On the top of any | equally responsible for sup y additional pages, write you | |
| Pa | rt 1: Give | Details About Your Ma | rital Status and Where Yo | ou Lived E | Before | | |
| 1. | What is you | ır current marital statu | ıs? | | | | |
| | ■ Married Not ma | | | | | | |
| 2. | During the | last 3 years, have you | lived anywhere other than | n where y | ou live now? | | |
| | ■ No □ Yes. Li | st all of the places you li | ived in the last 3 years. Do | not include | e where you live now | <i>ı</i> . | |
| | Debtor 1 P | rior Address: | Dates Debtor lived there | 1 | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there |
| 3. stat | | | | | | ity property state or territory | |
| | ■ No □ Yes. M | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (| Official Fo | rm 106H). | | |
| | | • | ` | | , | | |
| Pa | rt 2 Expla | in the Sources of You | r Income | | | | |
| 4. | Fill in the tot | al amount of income yo | nployment or from operation used in the propertion of the properties of the properti | l all busine | esses, including part | | ndar years? |
| | □ No | | | | | | |
| | Yes. Fi | II in the details. | | | | | |
| | | | Debtor 1 | | | Debtor 2 | |
| | | | Sources of income Check all that apply. | (befo | s income re deductions and sions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until ed for bankruptcy: | ■ Wages, commissions, bonuses, tips | | \$30,193.00 | ■ Wages, commissions, bonuses, tips | \$9,759.00 |
| | | | ☐ Operating a business | | | ☐ Operating a business | |

Official Form 107

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Vingenzo J. Angelilli Debtor 1 Denise M. Angelilli Debtor 2 Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$18,215.00 \$29,474.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$0.00 For the calendar year before that: \$28,628.00 Wages, commissions. Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) For last calendar year: Workers \$37,800.00 (January 1 to December 31, 2016) Compensation For the calendar year before that: Workers \$50,400.00 (January 1 to December 31, 2015) Compensation Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for ...

still owe

paid

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| Del | btor 2 Denise M. Angelilli | | Cas | e number (if known) | | |
|-----|---|--|--|---|--|--|
| 7. | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gen a control, or owner of 20% of | neral partners; partners or more of their voting | erships of which yog g securities; and a | ou are a general partner; corporation ny managing agent, including one fo | |
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment | |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | /ments or transfer a | iny property on a | ccount of a debt that benefited ar | |
| | No☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name | |
| Pai | rt 4: Identify Legal Actions, Repossession | ns. and Foreclosures | paid | Juli Owe | include creator 3 name | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. | | | | | |
| | Yes. Fill in the details. Case title | Nature of the case | Nature of the case | | Status of the case | |
| | Case number | | | | otatus of the case | |
| | Lawrence Brezinski vs. Vingenzo J. Angelilli 2015-M1-704162 | Summons Circuit Court of Cook County | | f Cook | ■ Pending □ On appeal □ Concluded | |
| | State Farm Mutual vs. Vingenzo J. Angelilli` 2014M1010256 | Summons | Circuit Court o County | f Cook | ■ Pending □ On appeal □ Concluded | |
| | Vingenzo J. Angelilli vs. City of Chicago 15WC4039 | Workers Compensation | State of Illinois Compensation | | ☐ Pending ☐ On appeal ☐ Concluded | |
| | Credit Corp Solutions inc vs. Denise M. Angelilli 20164005281 | Summons | Circuit Court o County | f Cook | ■ Pending □ On appeal □ Concluded | |
| | Ford Motor Company vs. Vingenzo J. Angelilli 2011 M1 160809 | Summons | Circuit Court o County | f Cook | ☐ Pending ☐ On appeal ☐ Concluded | |
| | AllState Fire and Casualty vs. Vingenzo J. Angelilli 2016M1015815 | Summons | Circuit Court o County | f Cook | ■ Pending □ On appeal □ Concluded | |

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Debtor 1 Vingenzo J. Angelilli Debtor 2 Denise M. Angelilli

Case number (if known)

| Case title Case number | Nature of the case | Court or agency | Status of th | ne case |
|--|---|--|-------------------------------|-----------------------|
| Trustees of the city of Chicago vs. Vinco Painting inc and Vingenzo J. Angelilli 2014SC3006 | Summons | Circuit Court of Cook County | ■ Pending □ On appe □ Conclud | eal |
| MFG Financial vs Denise M. Angelilli 2014M1124787 | Summons | Circuit Court of Cook County | ■ Pending □ On appe □ Conclud | eal |
| Portfolio Recovert vs. Vingenzo J. Angelilli 2014M1111076 | Summons | Circuit Court of Cook County | ■ Pending □ On appe □ Conclud | eal |
| City of Chicago vs Vingenzo J. Angelilli 2009M16736739 | Summons | Circuit Court of Cook County | ■ Pending □ On appe □ Conclud | eal |
| Within 1 year before you filed for bankrupt Check all that apply and fill in the details below | | erty repossessed, foreclosed | I, garnished, attached | d, seized, or levied? |
| □ No. Go to line 11. | | | | |
| Yes. Fill in the information below. | | | | |
| Yes. Fill in the information below. Creditor Name and Address | Describe the Property | | Date | Value of the |
| | • • | d | Date | Value of the property |
| | Explain what happened | ac was repossessed essed. sed. ed. | Date 08/2016 | |
| Creditor Name and Address Honor Finance 909 Davis St Ste 260 Evanston, IL 60201 Ford Motor Credit Company ONE AMERICAN ROAD | Explain what happened Debtor's 2005 Cadill Property was reposse Property was foreclos Property was garnish | ac was repossessed essed. sed. ed. d, seized or levied. | | property |
| Creditor Name and Address Honor Finance 909 Davis St Ste 260 Evanston, IL 60201 Ford Motor Credit Company | Explain what happened Debtor's 2005 Cadill Property was reposse Property was foreclos Property was garnish Property was attache Debtor's Lincoln National Control of the | ac was repossessed essed. sed. ed. d, seized or levied. vigator was essed. sed. sed. eed. | 08/2016 | \$0.00 |
| Creditor Name and Address Honor Finance 909 Davis St Ste 260 Evanston, IL 60201 Ford Motor Credit Company ONE AMERICAN ROAD DEARBORN | Explain what happened Debtor's 2005 Cadill Property was repossed Property was garnish Property was attache Debtor's Lincoln Narepossessed Property was repossed Property was foreclosed Property was garnish | ac was repossessed essed. esed. ed. d, seized or levied. vigator was essed. ed. ed. d, seized or levied. en garnsihed scince a month. essed. essed. | 08/2016 | \$0.00 |

10.

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Debtor 1 Vingenzo J. Angelilli Debtor 2 Denise M. Angelilli Case number (if known) **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened Honor Finance** CoDebtor's wages have been garnished. 04/01/2017 -\$351.44 1731 Central Street Current Evanston, IL 60201 ☐ Property was repossessed. ☐ Property was foreclosed. Property was garnished. ☐ Property was attached, seized or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Amount Date action was 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Nο Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Value Dates you more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No ☐ Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

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Debtor 1 Vingenzo J. Angelilli Debtor 2 Denise M. Angelilli

Case number (if known)

| Par | t7: List Certain Payments or Transfers | | | | | |
|-----|--|---|------------------------------------|----------------|---|---|
| 16. | Within 1 year before you filed for bankruptc consulted about seeking bankruptcy or pre- Include any attorneys, bankruptcy petition prep | paring a bankruptcy p | etition? | | | erty to anyone you |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | transferred | d value of any prope | rty | Date payment or transfer was made | Amount of payment |
| | Law Offices of Joseph P. Doyle 105 S. Roselle Rd. Suite 203 Schaumburg, IL 60193 | \$1150.00 | | | 2017 | \$0.00 |
| 17. | Within 1 year before you filed for bankruptc promised to help you deal with your credito Do not include any payment or transfer that you No | ors or to make paymer | | | r transfer any prope | erty to anyone who |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and transferred | d value of any prope | rty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers mainclude gifts and transfers that you have alread | usiness or financial a ade as security (such a | ffairs? s the granting of a sec | | | |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | • | property transferred payments | | ribe any property or Date transf nents received or debts made in exchange | |
| | Person's relationship to you | | | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro | | any property to a se | lf-settled tru | st or similar device | of which you are a |
| | Yes. Fill in the details. | | | | | |
| | Name of trust | Description and | d value of the proper | ty transferre | ed | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Ins | struments, Safe Depo | sit Boxes, and Stora | ige Units | | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, associated No | or other financial acco | ounts; certificates of | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | clos | e account was sed, sold, ved, or | Last balance before closing or transfer |

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Debtor 1 Vingenzo J. Angelilli Debtor 2 Denise M. Angelilli

Case number (if known)

| 21. | Do you now have, or did you h cash, or other valuables? | ave within 1 year before | you filed for bankruptcy, an | y safe deposit box or other deposito | ry for securities, |
|-----|---|---|--|--|-----------------------|
| | No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of Financial Institution Address (Number, Street, City, State | and ZIP Code) Addre | else had access to it? ess (Number, Street, City, nd ZIP Code) | Describe the contents | Do you still have it? |
| 22. | _ | storage unit or place oth | er than your home within 1 y | year before you filed for bankruptcy | ? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State | and ZIP Code) to it? | else has or had access ess (Number, Street, City, and ZIP Code) | Describe the contents | Do you still have it? |
| Pai | rt 9: Identify Property You Ho | ld or Control for Someo | ne Else | | |
| 23. | Do you hold or control any profor someone. | perty that someone else | owns? Include any property | y you borrowed from, are storing for | , or hold in trust |
| | □ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State | | e is the property? er, Street, City, State and ZIP | Describe the property | Value |
| | Vingenzo Joseph Angelilli 3440 N. Harlem Avenue Ap Chicago, IL 60634-3605 | | ago, IL 60634 | Co-Debtor is custodian of an account for her son - all of the funds are sourced to her dependent son - Co-Debtor was appointed as custodian of the account in a personal injury case | \$300,000.00 |
| Pai | rt 10: Give Details About Envir | onmental Information | | | |
| | the purpose of Part 10, the follo | | | | |
| | toxic substances, wastes, or m regulations controlling the clea | naterial into the air, land, anup of these substance | soil, surface water, groundv s, wastes, or material. | ng pollution, contamination, release water, or other medium, including st | atutes or |
| | to own, operate, or utilize it, in | , , , , | under any environmental la | iw, wnetner you now own, operate, o | or utilize it or used |
| | Hazardous material means any hazardous material, pollutant, | | | waste, hazardous substance, toxic s | substance, |
| Rep | port all notices, releases, and pro | oceedings that you know | about, regardless of when | they occurred. | |
| 24. | Has any governmental unit not | ified you that you may b | e liable or potentially liable ι | under or in violation of an environme | ental law? |
| | No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State | | rnmental unit ess (Number, Street, City, State and de) | Environmental law, if you know it | Date of notice |
| | | | | | |

Entered 04/30/17 12:12:21 Case 17-13639 Doc 1 Filed 04/30/17 Desc Main Page 59 of 83 Document Debtor 1 Vingenzo J. Angelilli Debtor 2 Denise M. Angelilli Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it **ZIP Code)** 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Vingenzo J. Angelilli /s/ Denise M. Angelilli Vingenzo J. Angelilli Denise M. Angelilli Signature of Debtor 1 Signature of Debtor 2 Date April 30, 2017 Date April 30, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No

> _. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ Yes. Name of Person

Official Form 107

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Debtor 1 Vingenzo J. Angelilli Debtor 2 Denise M. Angelilli

Case number (if known)

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| Fill in this infor | mation to identify your c | ase: | | |
|-------------------------------------|--|--|---|---|
| Debtor 1 | Vingenzo J. Angel | illi | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | Denise M. Angelill First Name | Middle Name | Last Name | |
| | ankruptcy Court for the: | | TRICT OF ILLINOIS | |
| Officed States Da | inkrupicy Court for the. | NORTHERN DIS | TRICT OF ILLINOIS | |
| Case number _ | | | | ☐ Check if this is an amended filing |
| | | | viduals Filing Under Chapt | er 7 12/15 |
| you have least | ever is earlier, unless the | nd the lease has r thin 30 days after | not expired. You file your bankruptcy petition or by the date see time for cause. You must also send copies to the | |
| | eople are filing together nd date the form. | in a joint case, bo | oth are equally responsible for supplying correct i | nformation. Both debtors must |
| | and accurate as possible our name and case num | | s needed, attach a separate sheet to this form. On | the top of any additional pages, |
| Part 1: List Y | our Creditors Who Have | Secured Claims | | |
| 1. For any credit | | rt 1 of Schedule D | Creditors Who Have Claims Secured by Propert | y (Official Form 106D), fill in the |
| | editor and the property th | at is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| One distanta | | | _ | _ |
| Creditor's R | Rons Auto Sales 2 Inc. | • | ☐ Surrender the property.☐ Retain the property and redeem it. | □ No |
| • | 2005 Nissan Titan 1 Current/Reaffirm - | | Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property securing debt: | Cavarage Auta Inc. | | ☐ Retain the property and [explain]: | _ |
| Part 2: List Y | our Unexpired Personal | Property Leases | | |
| For any unexpire in the information | ed personal property lea on below. Do not list real | se that you listed estate leases. Ur | in Schedule G: Executory Contracts and Unexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p) | he lease period has not yet ended. |
| Describe your u | inexpired personal prop | erty leases | | Will the lease be assumed? |
| Lessor's name: | | | | □ No |
| Description of lea Property: | ased | | | ☐ Yes |
| Lessor's name: | aaad | | | □ No |
| Description of lea Property: | ase0 | | | ☐ Yes |
| Lessor's name: | | | | |
| Official Form 108 | | Statement of Ir | ntention for Individuals Filing Under Chapter 7 | page 1 |

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| Debtor 1 Vingenzo J. Angelilli Debtor 2 Denise M. Angelilli | Case number (if known) |
|--|---|
| Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention all property that is subject to an unexpired lease. | bout any property of my estate that secures a debt and any personal |
| X /s/ Vingenzo J. Angelilli Vingenzo J. Angelilli Signature of Debtor 1 | X /s/ Denise M. Angelilli Denise M. Angelilli Signature of Debtor 2 |
| DateApril 30, 2017 | Date _April 30, 2017 |

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| Fill i | n this information to identify your case: | | | | directed in this form and | in Form |
|-----------------|---|--|--------------------------------------|---|---|---------------------------------|
| Deb | tor 1 Vingenzo J. Angelilli | | 122 | 2A-1Supp: | | |
| | tor 2 Jee, if filling) Denise M. Angelilli | | | ■ 1. There is no pre | esumption of abuse | |
| Unit | ed States Bankruptcy Court for the: Northern District of | Illinois | ' | applies will be | n to determine if a presun e made under <i>Chapter 7 I</i> Official Form 122A-2). | • |
| Case (if kno | e number own) | | — ı | ☐ 3. The Means Te | est does not apply now be ary service but it could ap | |
| | | | | | an amended filing | p.) .a.o |
| Off | icial Form 122A - 1 | | | | an amonasa ming | |
| | apter 7 Statement of Your Curr | ent Mor | nthly Inc | ome | | 12/15 |
| <u> </u> | apter 7 Statement of Tour Our | CITE WIOI | itiliy iiic | | | 12/13 |
| attacl case | complete and accurate as possible. If two married people and a separate sheet to this form. Include the line number to wh number (if known). If you believe that you are exempted from fying military service, complete and file Statement of Exemption Calculate Your Current Monthly Income | ich the addition a presumption | nal information a of abuse becau | pplies. On the top of se you do not have p | any additional pages, writer frimarily consumer debts o | e your name and r because of |
| 1. | What is your marital and filing status? Check one only | y. | | | | |
| | □ Not married. Fill out Column A, lines 2-11. | | | | | |
| | ☐ Married and your spouse is filing with you. Fill out | both Columns | A and B, lines | 2-11. | | |
| | ☐ Married and your spouse is NOT filing with you. Y | | | | | |
| | ☐ Living in the same household and are not legall | ly separated. | Fill out both Col | umns A and B, line | s 2-11. | |
| | ☐ Living separately or are legally separated. Fill ou | - | | | | declare under |
| | penalty of perjury that you and your spouse are leg living apart for reasons that do not include evading | gally separated | d under nonban | kruptcy law that app | olies or that you and your | |
| 10 th | II in the average monthly income that you received from all so 01(10A). For example, if you are filing on September 15, the 6-mole 6 months, add the income for all 6 months and divide the total bouses own the same rental property, put the income from that property. | nth period would by 6. Fill in the re | be March 1 throusult. Do not include | ugh August 31. If the a le any income amount | mount of your monthly incom more than once. For example | e varied during e, if both |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, a payroll deductions). | nd commissio | ons (before all | \$ | \$ | |
| 3. | Alimony and maintenance payments. Do not include p Column B is filled in. | payments from | a spouse if | \$ | \$ | |
| 4. | All amounts from any source which are regularly pair of you or your dependents, including child support. I from an unmarried partner, members of your household, and roommates. Include regular contributions from a spo | Include regular your depende | contributions nts, parents, | \$ | \$ | |
| _ | filled in. Do not include payments you listed on line 3. Net income from operating a business, profession, o | r form | | Ψ | | |
| ٥. | net income from operating a publicas, profession, o | | otor 1 | | | |
| | Gross receipts (before all deductions) | \$ | | | | |
| | Ordinary and necessary operating expenses | -\$ | | | | |
| | Net monthly income from a business, profession, or farm | | Copy here -> | \$ | \$ | |
| 6. | Net income from rental and other real property | · — | | | | |
| | | Deb | otor 1 | | | |
| | Gross receipts (before all deductions) | \$ | | | | |
| | Ordinary and necessary operating expenses | -\$ | | | | |
| | Net monthly income from rental or other real property | \$ | Copy here -> | \$ | \$ | |
| 7. | Interest, dividends, and royalties | | | \$ | \$ | |

Official Form 122A-1

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| otor 2 De | ingenzo J. Angelilli enise M. Angelilli | | Case num | ber (if known) | |
|---|--|---|---|--|-------------------|
| | | | Column 1 Debtor 1 | Debtor 2 | |
| Unemp | oloyment compensation | | \$ | \$ | |
| the Soc | enter the amount if you contend that the amount cial Security Act. Instead, list it here: | | | | |
| For y | vou \$ vour spouse \$ | | | | |
| | | | | | |
| benefit | on or retirement income. Do not include any amunder the Social Security Act. | | \$ | \$ | |
| Do not receive | | security Act or payments nanity, or international or separate page and put th | | e. | |
| | | | . \$ | | |
| | Total amounts from concrete name if any | | | 5 | |
| | Total amounts from separate pages, if any. | | + * | | |
| Calcula each co | ate your total current monthly income. Add lin blumn. Then add the total for Column A to the tot | es 2 through 10 for tal for Column B. | | + \$ | = \$ |
| 12a. Co | opy your total current monthly income from line 1 | 1 | Co | ppy line 11 here=> | \$ |
| М | ultiply by 12 (the number of months in a year) | | | | x 12 |
| 12b. Th | ne result is your annual income for this part of the | e form | | 1 | 2b. \$ |
| Calcul | ate the median family income that applies to | you. Follow these steps: | | | |
| Fill in th | ne state in which you live. | | | | |
| Fill in th | ne number of people in your household. | | | | |
| Fill in th | ne median family income for your state and size | of bousehold | | 1 | 3. \$ |
| | | oi nousenoia. | | | · • |
| To find | a list of applicable median income amounts, go form. This list may also be available at the bank | online using the link spec | ified in the sep | arate instructions | |
| To find for this | a list of applicable median income amounts, go | online using the link spec | ified in the sep | arate instructions | |
| To find for this How do | a list of applicable median income amounts, go form. This list may also be available at the bank of the lines compare? Line 12b is less than or equal to line 13. Of Go to Part 3. | online using the link spec ruptcy clerk's office. n the top of page 1, check | x box 1, <i>There</i> | is no presumption of ab | |
| To find for this How do 14a. 14b. | a list of applicable median income amounts, go form. This list may also be available at the bank of the lines compare? Line 12b is less than or equal to line 13. On Go to Part 3. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | online using the link spec ruptcy clerk's office. n the top of page 1, check | x box 1, <i>There</i> | is no presumption of ab | |
| To find for this How do 14a. 14b. | a list of applicable median income amounts, go form. This list may also be available at the bank b the lines compare? Line 12b is less than or equal to line 13. Or Go to Part 3. Line 12b is more than line 13. On the top or | online using the link spec ruptcy clerk's office. n the top of page 1, check | x box 1, <i>There</i> | is no presumption of ab | |
| To find for this How do 14a. 14b. | a list of applicable median income amounts, go form. This list may also be available at the bank of the lines compare? Line 12b is less than or equal to line 13. On Go to Part 3. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | online using the link spec ruptcy clerk's office. In the top of page 1, check If page 1, check box 2, <i>Th</i> | k box 1, There | is no presumption of ab of abuse is determined | l by Form 122A-2. |
| To find for this How do 14a. 14b. By | a list of applicable median income amounts, go form. This list may also be available at the bank to the lines compare? Line 12b is less than or equal to line 13. Or Go to Part 3. Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2. Sign Below visigning here, I declare under penalty of perjury | online using the link spec ruptcy clerk's office. In the top of page 1, check of page 1, check box 2, The that the information on the | s box 1, There ne presumption | is no presumption of about of abuse is determined and in any attachments is | l by Form 122A-2. |
| To find for this How do 14a. 14b. By X | a list of applicable median income amounts, go form. This list may also be available at the bank to the lines compare? Line 12b is less than or equal to line 13. Or Go to Part 3. Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2. Sign Below | online using the link spec ruptcy clerk's office. In the top of page 1, check If page 1, check box 2, The Ithat the information on the | k box 1, There | is no presumption of about of abuse is determined and in any attachments is | l by Form 122A-2. |
| To find for this How do 14a. 14b. 3: S | a list of applicable median income amounts, go form. This list may also be available at the bank to the lines compare? Line 12b is less than or equal to line 13. Or Go to Part 3. Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2. Sign Below signing here, I declare under penalty of perjury /s/ Vingenzo J. Angelilli | online using the link spec ruptcy clerk's office. In the top of page 1, check If page 1, check box 2, The Ithat the information on the X /s/ I | t box 1, There to the presumption is statement an | is no presumption of about of abuse is determined and in any attachments is agelilli | l by Form 122A-2. |
| To find for this How do 14a. 14b. By X | a list of applicable median income amounts, go form. This list may also be available at the bank to the lines compare? Line 12b is less than or equal to line 13. Or Go to Part 3. Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2. Sign Below signing here, I declare under penalty of perjury /s/ Vingenzo J. Angelilli Vingenzo J. Angelilli Signature of Debtor 1 April 30, 2017 | online using the link spec ruptcy clerk's office. In the top of page 1, check If page 1, check box 2, The Ithat the information on the X /s/ I Der Sign Date Apr | is statement ar Denise M. Ar nise M. Ange nature of Debto iil 30, 2017 | is no presumption of about of abuse is determined and in any attachments is agelilli | l by Form 122A-2. |
| To find for this How do 14a. 14b. S: By X Date | a list of applicable median income amounts, go form. This list may also be available at the bank to the lines compare? Line 12b is less than or equal to line 13. Or Go to Part 3. Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2. Sign Below signing here, I declare under penalty of perjury /s/ Vingenzo J. Angelilli Vingenzo J. Angelilli Signature of Debtor 1 | online using the link spec ruptcy clerk's office. In the top of page 1, check of page 1, check box 2, The that the information on the X /s/I Der Sign Date Apr MM | ts box 1, There are presumption is statement are Denise M. Argenise M. Angeniature of Debto | is no presumption of about of abuse is determined and in any attachments is agelilli | l by Form 122A-2. |

| Fill in | this info | orma | ation to identify your case: | |
|---------------------------|-----------------------------------|-------------------------|--|--|
| Debto | or 1 | Vii | ngenzo J. Angelilli | |
| Debto | or 2 use, if filir | | enise M. Angelilli | |
| Unite | d States | Bank | ruptcy Court for the: Northern District of Illinois | |
| Case (if kno | number own) | | | ☐ Check if this is an amended filling |
| | | | m 122A - 1Supp of Exemption from Presumption of Ab | ouse Under § 707(b)(2) 12/1 |
| exemp exclust equir | oted from sions in ed by 11 | n a p this s U.S. | nt together with Chapter 7 Statement of Your Current Monthly Incoresumption of abuse. Be as complete and accurate as possible. If statement applies to only one of you, the other person should com.C. § 707(b)(2)(C). | two married people are filing together, and any of the |
| F | Are your personal, | debt fami | ts primarily consumer debts? Consumer debts are defined in 11 U.S ly, or household purpose." Make sure that your answer is consistent wiing for Bankruptcy (Official Form 1). | |
| | ☐ Yes. (| suppl Go to | Form 122A-1; on the top of page 1 of that form, check box 1, <i>There is</i> lement with the signed Form 122A-1. Part 2. Part 2. Part Whether Military Service Provisions Apply to You | no presumption of abuse, and sign Part 3. Then submit this |
| 2. / | Are you | a dis | abled veteran (as defined in 38 U.S.C. § 3741(1))? | |
| I | □ No. (| Go to | line 3. | |
| ļ | | • | ou incur debts mostly while you were on active duty or while you were p.S.C. § 101(d)(1); 32 U.S.C. § 901(1). | performing a homeland defense activity? |
| | | | Go to line 3. | |
| | ПΥ | es. | Go to Form 122A-1: on the top of page 1 of that form, check box 1, <i>Th</i> submit this supplement with the signed Form 122A-1. | nere is no presumption of abuse, and sign Part 3. Then |
| 3. | Are you | or ha | eve you been a Reservist or member of the National Guard? | |
| ı | □ No. | Con | nplete Form 122A-1. Do not submit this supplement. | |
| I | ☐ Yes. | Wer | re you called to active duty or did you perform a homeland defense acti | vity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). |
| | | lo. | Complete Form 122A-1. Do not submit this supplement. | |
| | □Y | 'es. | Check any one of the following categories that applies: | |
| | | | I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty. | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3. The Means Test does not apply now, and sign Part 3. Then |
| | | | I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case. | submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The <i>exclusion period</i> means the time you are on active duty or are performing a |
| | | | I am performing a homeland defense activity for at least 90 days. | homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii). |
| | | | I performed a homeland defense activity for at least 90 days, ending on, which is fewer than 540 days before I file this bankruptcy case. | If your exclusion period ends before your case is closed, you may have to file an amended form later. |

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| Fill in this inf | formation to identify your case: | Check one box only as directed in |
|---------------------------------|---|---|
| Debtor 1 | Vingenzo J. Angelilli | 122A-1Supp: |
| Debtor 2 (Spouse, if filing) | Denise M. Angelilli | ■ 1. There is no presumption of |
| United State | s Bankruptcy Court for the: Northern District of Illinois | ☐ 2. The calculation to determine |
| Case numbe | er | applies will be made und Calculation (Official Form |
| (if known) | | ☐ 3. The Means Test does not qualified military service t |

this form and in Form

- of abuse
- ne if a presumption of abuse er Chapter 7 Means Test 122A-2).
- apply now because of out it could apply later.
- \square Check if this is an amended filing

Official Form 122A - 1

Part 3:

Chapter 7 Statement of Your Current Monthly Income

12/15

Sign Below By signing have, declare under penalty of perjury that the information on this statement and in any attachments is true and correct. Vingenzo J. Angelif Đenise M. Angelilli Signature of Debtor Signature of Debtor 2 April 30, 2017 Date April 30, 2017 MM / DD / YYYY MM / DD / YYYY if you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

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| Fill i | n this information to identify your case: | | | | directed in this form and | in Form |
|-----------------|---|--|--------------------------------------|---|---|---------------------------------|
| Deb | tor 1 Vingenzo J. Angelilli | | 122 | 2A-1Supp: | | |
| | tor 2 Jee, if filling) Denise M. Angelilli | | | ■ 1. There is no pre | esumption of abuse | |
| Unit | ed States Bankruptcy Court for the: Northern District of | Illinois | ' | applies will be | n to determine if a presun e made under <i>Chapter 7 I</i> Official Form 122A-2). | • |
| Case (if kno | e number own) | | — ı | ☐ 3. The Means Te | est does not apply now be ary service but it could ap | |
| | | | | | an amended filing | p.) .a.o |
| Off | icial Form 122A - 1 | | | | an amonasa ming | |
| | apter 7 Statement of Your Curr | ent Mor | nthly Inc | ome | | 12/15 |
| <u> </u> | apter 7 Statement of Tour Our | CITE WIOI | itiliy iiic | | | 12/13 |
| attacl case | complete and accurate as possible. If two married people and a separate sheet to this form. Include the line number to wh number (if known). If you believe that you are exempted from fying military service, complete and file Statement of Exemption Calculate Your Current Monthly Income | ich the addition a presumption | nal information a of abuse becau | pplies. On the top of se you do not have p | any additional pages, writer frimarily consumer debts o | e your name and r because of |
| 1. | What is your marital and filing status? Check one only | y. | | | | |
| | □ Not married. Fill out Column A, lines 2-11. | | | | | |
| | ☐ Married and your spouse is filing with you. Fill out | both Columns | A and B, lines | 2-11. | | |
| | ☐ Married and your spouse is NOT filing with you. Y | | | | | |
| | ☐ Living in the same household and are not legall | ly separated. | Fill out both Col | umns A and B, line | s 2-11. | |
| | ☐ Living separately or are legally separated. Fill ou | - | | | | declare under |
| | penalty of perjury that you and your spouse are leg living apart for reasons that do not include evading | gally separated | d under nonban | kruptcy law that app | olies or that you and your | |
| 10 th | II in the average monthly income that you received from all so 01(10A). For example, if you are filing on September 15, the 6-mole 6 months, add the income for all 6 months and divide the total bouses own the same rental property, put the income from that property. | nth period would by 6. Fill in the re | be March 1 throusult. Do not include | ugh August 31. If the a le any income amount | mount of your monthly incom more than once. For example | e varied during e, if both |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, a payroll deductions). | nd commissio | ons (before all | \$ | \$ | |
| 3. | Alimony and maintenance payments. Do not include p Column B is filled in. | payments from | a spouse if | \$ | \$ | |
| 4. | All amounts from any source which are regularly pair of you or your dependents, including child support. I from an unmarried partner, members of your household, and roommates. Include regular contributions from a spo | Include regular your depende | contributions nts, parents, | \$ | \$ | |
| _ | filled in. Do not include payments you listed on line 3. Net income from operating a business, profession, o | r form | | Ψ | | |
| ٥. | net income from operating a publicas, profession, o | | otor 1 | | | |
| | Gross receipts (before all deductions) | \$ | | | | |
| | Ordinary and necessary operating expenses | -\$ | | | | |
| | Net monthly income from a business, profession, or farm | | Copy here -> | \$ | \$ | |
| 6. | Net income from rental and other real property | · — | | | | |
| | | Deb | otor 1 | | | |
| | Gross receipts (before all deductions) | \$ | | | | |
| | Ordinary and necessary operating expenses | -\$ | | | | |
| | Net monthly income from rental or other real property | \$ | Copy here -> | \$ | \$ | |
| 7. | Interest, dividends, and royalties | | | \$ | \$ | |

Official Form 122A-1

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| ו וטוטו | enise M. Angelilli Penise M. Angelilli | | | Case number | (if known) | | |
|------------------------------|--|--|-------------|------------------------------|---------------|------------------------------------|------------------------------|
| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | |
| 3. Unem | ployment compensation | | | \$ | | \$ | |
| the So | enter the amount if you contend that the amount recial Security Act. Instead, list it here: | | | | | | |
| For | you\$_ your spouse\$ | | | | | | |
|). Pensi | on or retirement income. Do not include any amou t under the Social Security Act. | | | \$ | | \$ | |
| Do not receive | te from all other sources not listed above. Specify include any benefits received under the Social Sected as a victim of a war crime, a crime against humar stic terrorism. If necessary, list other sources on a seelow. | urity Act or paymer nity, or internationa | nts I or | | | | |
| | · | | | \$ | | \$ | |
| | | | | \$ | | \$ | |
| | Total amounts from separate pages, if any. | | + | \$ | | \$ | |
| 11. Calcu l each d | late your total current monthly income. Add lines column. Then add the total for Column A to the C | 2 through 10 for for Column B. | \$ | | + \$ | | = \$ |
| - " | Determine Whether the Manne Test Applies to V | | | | | | Total current monthly income |
| art 2: | Determine Whether the Means Test Applies to Y | | | | | | |
| | late your current monthly income for the year. Fo | · | | _ | | | |
| 12a. C | copy your total current monthly income from line 11 | | | Сору | line 11 he | re=> | \$ |
| N | fultiply by 12 (the number of months in a year) | | | | | | x 12 |
| 12b. T | he result is your annual income for this part of the fo | orm | | | | 12b. | \$ |
| 3. Calcu | late the median family income that applies to you | I. Follow these step | os: | | | | |
| Fill in t | he state in which you live. | | | | | | |
| Fill in t | he number of people in your household. | | | | | | |
| To find | the median family income for your state and size of he a list of applicable median income amounts, go onless form. This list may also be available at the bankrup | ine using the link s | pecified | in the separa | te instructio | 13. ons | \$ |
| 4. How c | lo the lines compare? | | | | | | |
| 14a. | ☐ Line 12b is less than or equal to line 13. On the Go to Part 3. | ne top of page 1, ch | neck box | 1, There is r | no presump | tion of abuse | ı. |
| 14b. | ☐ Line 12b is more than line 13. On the top of page 13 and fill out Form 122A-2. | age 1, check box 2 | , The pre | esumption of | abuse is de | termined by | Form 122A-2. |
| art 3: | Sign Below | | | | | | |
| В | y signing here, I declare under penalty of perjury that | at the information o | n this sta | atement and i | n any attac | hments is tru | ie and correct. |
| Х | /s/ Vingenzo J. Angelilli | X / | s/ Deni | se M. Ange | elilli | | |
| | Vingenzo J. Angelilli Signature of Debtor 1 | | | M. Angelill e of Debtor 2 | | | |
| Date | April 30, 2017 | _ | April 30 | | | | |
| | MM / DD / YYYY | | | / YYYY | | | |
| If | you checked line 14a, do NOT fill out or file Form 12 | 22A-2. | | | | | |
| lf | you checked line 14b, fill out Form 122A-2 and file i | t with this form. | | | | | |

Vingenzo J. Angelilli

| Fill | in this int | forma | ation to identify your case: | |
|----------------------|--------------------------------------|---------------------------|--|--|
| Deb | tor 1 | Vi | ngenzo J. Angelilli | |
| | | | | |
| | tor 2 ouse, if fili | | enise M. Angelilli | |
| Unit | ed States | Bank | ruptcy Court for the: Northern District of Illinois | |
| | e number nown) | | | ☐ Check if this is an amended filing |
| Off | icial F | orr | n 122A - 1Supp | |
| | | | of Exemption from Presumption of A | buse Under § 707(b)(2) 12/1 |
| exen exclu equ | npted from usions in ired by 1 | m a p this s 1 U.S. | nt together with Chapter 7 Statement of Your Current Monthly Incresumption of abuse. Be as complete and accurate as possible. I statement applies to only one of you, the other person should cor.C. § 707(b)(2)(C). | f two married people are filing together, and any of the |
| Part | | | | |
| 1. | personal | , fami | ts primarily consumer debts? Consumer debts are defined in 11 U.S ly, or household purpose." Make sure that your answer is consistent wing for Bankruptcy (Official Form 1). | |
| | | suppl | Form 122A-1; on the top of page 1 of that form, check box 1, <i>There is</i> ement with the signed Form 122A-1. Part 2. | s no presumption of abuse, and sign Part 3. Then submit this |
| Part | 2: D | etern | nine Whether Military Service Provisions Apply to You | |
| 2. | Are you | a dis | abled veteran (as defined in 38 U.S.C. § 3741(1))? | |
| | ☐ No. | Go to | line 3. | |
| | | • | ou incur debts mostly while you were on active duty or while you were S.C. § 101(d)(1); 32 U.S.C. § 901(1). | performing a homeland defense activity? |
| | | No. | Go to line 3. | |
| | | Yes. | Go to Form 122A-1: on the top of page 1 of that form, check box 1, 7 submit this supplement with the signed Form 122A-1. | there is no presumption of abuse, and sign Part 3. Then |
| 3. | Are you | or ha | eve you been a Reservist or member of the National Guard? | |
| | □ No. | Con | nplete Form 122A-1. Do not submit this supplement. | |
| | ☐ Yes. | Wer | re you called to active duty or did you perform a homeland defense act | ivity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). |
| | | No. | Complete Form 122A-1. Do not submit this supplement. | |
| | | Yes. | Check any one of the following categories that applies: | |
| | | | I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty. | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3. The Means Test does not apply now, and sign Part 3. Then |
| | | | I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case. | submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The <i>exclusion period</i> means the time you are on active duty or are performing a |
| | | | I am performing a homeland defense activity for at least 90 days | homeland defense activity, and for 540 days afterward, 11 |
| | | | I performed a homeland defense activity for at least 90 days, ending on, which is fewer than 540 days before I file this bankruptcy case. | If your exclusion period ends before your case is closed, you may have to file an amended form later. |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-13639 Doc 1 Filed 04/30/17 Entered 04/30/17 12:12:21 Desc Main Document Page 74 of 83

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In 1 | Vingenzo J. Angelilli re Denise M. Angelilli | | Case No. | | |
|------|---|--|---------------------------------|-----------------------------|-----------|
| | Denise M. Angenin | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF CO | MPENSATION OF ATTOR | RNEY FOR DE | BTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. compensation paid to me within one year before be rendered on behalf of the debtor(s) in contemporary. | the filing of the petition in bankruptcy, | or agreed to be paid | to me, for services rendere | ed or to |
| | For legal services, I have agreed to accept_ | | \$ | 1,150.00 | |
| | Prior to the filing of this statement I have re | eceived | \$ | 1,150.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclos | ed compensation with any other person | unless they are mem | pers and associates of my l | law firm. |
| | ☐ I have agreed to share the above-disclosed copy of the agreement, together with a list of | | | | rm. A |
| 5. | In return for the above-disclosed fee, I have agr | eed to render legal service for all aspects | s of the bankruptcy c | ase, including: | |
| | a. Analysis of the debtor's financial situation, ab. Preparation and filing of any petition, scheduc. Representation of the debtor at the meeting ofd. [Other provisions as needed] | iles, statement of affairs and plan which | may be required; | | y; |
| | Negotiations with secured credit | ors to reduce to market value; exe plications as needed; preparation s on household goods. | | | |
| 5. | By agreement with the debtor(s), the above-disc Representation of the debtors in any other adversary proceeding. | losed fee does not include the following any dischargeability actions, judio | service: cial lien avoidance | es, relief from stay act | ions or |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statemes bankruptcy proceeding. | ent of any agreement or arrangement for | payment to me for re | epresentation of the debtor | (s) in |
| | April 30, 2017 | /s/ Joseph P. Doy | le | | |
| _ | Date | Joseph P. Doyle 6 | 277393 | | |
| | | Signature of Attorne Law Office of Jos | | | |
| | | 105 S. Roselle Ro | | | |
| | | Schaumburg, IL 6 847-985-1100 Fa: | | | |
| | | joe@fightbills.co | | | |
| | | Name of law firm | | | |

| | led 04/30/17 |
|--|--|
| | Document Page 75 of 83 (Effective Aug. 1, 2015) |
| | WINGSCHEED DEBTS A 2010 NON-DISCHARGEABLE TOX |
| SECURED DEBTS Mortgage Arrears | |
| Mortgage Balance | |
| Car Balance | CAR Nepo [8 12 Child Support C |
| Car #2 Balance | |
| TOTAL | TOTAL NON-DISCH. \$ |
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| | your retainer on our total attorney's fee of \$ You agree to pay |
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| Client agrees that \$335.00 tiling fee is a s | eparate cost and is not included in the agreed legal fee. Client agrees that TIMEL arate cost and is not included in the agreed legal fee. Client agrees that TIMEL to the last payment date; 2) REFUNDS - If client decides to discontinue legal service to the last payment date; 2) REFUNDS - If client decides to discontinue legal service and or unearned fees. Firm will take about 30 days to do an accounting and issue a refund or unearned fees. Firm will take about 30 days to do an accounting and issue a refund or unearned fees. |
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United States Bankruptcy Court Northern District of Illinois

| In re | Vingenzo J. Angelilli Denise M. Angelilli | | Case No. | |
|-------|--|--|-------------------|-----------------------------|
| | • | Debtor(s) | Chapter | 7 |
| | VI | ERIFICATION OF CREDITOR M | MATRIX | |
| | | Number of | f Creditors: _ | 72 |
| | The above-named Debtor(s (our) knowledge. |) hereby verifies that the list of credi | itors is true and | l correct to the best of my |
| Date: | April 30, 2017 | /s/ Vingenzo J. Angelilli | | |
| | | Vingenzo J. Angelilli Signature of Debtor | | |
| | | Digitature of Debtor | | |

Acceptance Now Attn: Bankruptcy 5501 Headquarters Dr Plano, TX 75024

Advocate Lutheran General PO Box 4249 Carol Stream, IL 60197

Allstate Fire and Casualty PO Box 3589 Akron, OH 44309

Ansani & Ansani 1411 W. Peterson #202 Park Ridge, IL 60068

Arnold and Kadjan 203 N. LaSalle STe 1650 Chicago, IL 60601

BCA Financial Services 18001 Old Cutler Road, Ste. 462 Miami, FL 33157-6437

Blitt and Gaines PC Attn: Bankruptcy Dept. 661 Glenn Ave Wheeling, IL 60090

Calvary Portfolio Services 500 Summit Lake Ste 400 Valhalla, NY 10595

CCI/Contract Callers Inc Po Box 3000 Augusta, GA 30903

Chicago Painters Pension Fund 8160 Cass Ave Darien, IL 60561 Chicago Painters Pension Fund 8160 Cass Ave Darien, IL 60561

City of Chicago Corporation Counsel 30 N. LaSalle 800 Chicago, IL 60602

Commonwealth Financial Systems 245 Main St Dickson City, PA 18519

Convergent Outsoucing, Inc Po Box 9004 Renton, WA 98057

Convergent Outsoucing, Inc Po Box 9004 Renton, WA 98057

Convergent Outsoucing, Inc Po Box 9004 Renton, WA 98057

Convergent Outsoucing, Inc Po Box 9004 Renton, WA 98057

Credit Corp Solition Inc 63 East 11400 South #408 Sandy, UT 84070

Ford Motor Credit Company ONE AMERICAN ROAD DEARBORN Dearborn, MI 48126

Frank Raffaelli 3820 EMERSON DR Schiller Park, IL 60176-2409

Freedman Anselmo Lindberg & Rappe 1771 W. Diehl Road Suite 150 Naperville, IL 60563

Honor Finance 909 Davis St Ste 260 Evanston, IL 60201

I.R.S. P.O. Box 7346 Philadelphia, PA 19101-7346

IC Systems, Inc 444 Highway 96 East St Paul, MN 55127

IC Systems, Inc 444 Highway 96 East St Paul, MN 55127

ICS/Illinois Collection Service Po Box 1010 Tinley Park, IL 60477

ICS/Illinois Collection Service Po Box 1010 Tinley Park, IL 60477

ICS/Illinois Collection Service Po Box 1010 Tinley Park, IL 60477

Illinois Department of Revenue P. O. Box 64338 Chicago, IL 60664-0338

Illinois Department of Revenue P. O. Box 64338 Chicago, IL 60664-0338

Law Offices of Jason Harris LLC 300 Saunders Road, Suite 100 Deerfield, IL 60015

Law Offices of Steven Lihosit 200 N. LaSalle St, Suite 2550 Chicago, IL 60601-1014

Lawrence Brezinski 3529 N ORANGE AVE APT 1 Chicago, IL 60634-2940

Marek Sredniawa 4935 N CANFIELD AVE Harwood Heights, IL 60706-3157

Markoff & Kransy 29 N. Wacker Drive, 5th Floor Chicago, IL 60606

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

MFG Financial 603 E 4500 S #200 Salt Lake City, UT 84107

Northwest Collectors 3601 Algonquin Rd Ste 232 Rolling Meadows, IL 60008

Ntl Acct Srv 1246 University Avenue W Saint Paul, MN 55104

Oltman Law Group PC 77 W. Washinton St, Suite 520 Chicago, IL 60602

Onemain 601 N.W. 2nd St. Evansville, IN 47708

Portfolio Recovery Associates 120 Corporate Blvd Suite 100 Norfolk, VA 23502

Pro Collect, Inc 12170 N. Abrams Rd, Ste 100 Dallas, TX 75243

Public Storage 1700 N 5th Ave River Grove, IL 60171-1925

Randall Industries 741 SOUTH RT 83 Elmhurst, IL 60126

Rons Auto Sales 2 Inc. 1119 W. Roosevelt Road Maywood, IL 60153-4045

Snchnfin 2 Transam Plaza Dr Oak Brook Terrace, IL 60181

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